

Call it what you will, it maybe premalignant...

Before

3/29/67 Before therapy with 5%-FU cream. Patient P. T. shows a moderately severe solar keratotic involvement. Note residual scarring from the previous cryosurgical and electrosurgical procedures on forehead and ridge of nose adjacent to periauricular area.

After

6/12/67 Seven weeks after cessation of therapy. Reactions have subsided. Residual scarring is not seen except for that due to prior surgery. Inflammation has disappeared and face is clear of keratotic lesions.





Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110



and Efudex® (fluorouracil) 5% cream can resolve it.

Call it actinic, solar or senile keratoses, many regard it as "precancerous."^{1,2}

Topical fluorouracil, considered by some dermatologists to be a major advance in the treatment of multiple solar keratoses,^{3,4} offers the physician a relatively inexpensive alternative to cryosurgery, electrodesiccation and cold knife surgery. Of the topical fluorouracils available, only Efudex offers 2% and 5% solution and 5% cream formulations—formulations that have proved effective in the treatment of these multiple lesions.

Usual duration of therapy, 2 to 4 weeks.

Studies showed that with the 2% and 5% Efudex preparations, the usual duration of therapy was only 2 to 4 weeks.⁵ Other studies with topical fluorouracil revealed that when concentrations of less than 2% were used, significant numbers of lesions recurred.⁶

Treats the lesions you can't see, too.

Numerous lesions, not apparent prior to 2% and 5% Efudex therapy, manifested themselves by definite reactions, while intervening skin remained relatively unaffected.⁵ The early eradication of these subclinical lesions (which may otherwise have undergone further progression) probably accounts for the reduced incidence of future solar keratoses in patients treated with topical fluorouracil—especially with 5% concentrations.⁶

How to identify solar keratoses.

Typically, the lesion—a flat or slightly elevated brown to red-brown papule—is dry, rough, adherent and sharply defined. Multiple lesions are the rule.

Predictable therapeutic response.

The response to a typical course of Efudex therapy is usually characteristic and predictable. After 3 or 4 days of treatment, erythema begins to appear in the area of keratoses. This is followed by a moderate to intense inflammatory response, scaling and occasionally moderate tenderness or pain. The height of this response generally occurs two weeks after the start of therapy and then begins to subside as treatment is stopped. Within two weeks of discontinuing medication, the inflammation is usually gone. Lesions that do not respond should be biopsied.

References: 1. Allen, A. C.: *The Skin, A Clinicopathological Treatise*, ed. 2, New York, Grune & Stratton, 1967, p. 842. 2. Dillaha, C. J.; Jansen, G. T. and Honeycutt, W. M.: "Treatment of Actinic Keratoses with Topical Fluorouracil," in Waisman, M. (ed.): *Pharmaceutical Therapeutics in Dermatology*, Springfield, Ill., Charles C Thomas, 1968, p. 92. 3. Belisario, J. C.: *Cutis*, 6:293, 1970. 4. Sams, W. M.: *Arch. Derm.*, 97:14, 1968. 5. Data on file, Hoffmann-La Roche Inc., Nutley, New Jersey. 6. Williams, A. C., and Klein, E.: *Cancer*, 25:450, 1970.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Multiple actinic or solar keratoses.

Contraindications: Patients with known hypersensitivity to any of its components.

Warnings: If occlusive dressing used, may increase inflammatory reactions in adjacent normal skin. Avoid prolonged exposure to ultraviolet rays. Safe use in pregnancy not established.

Precautions: If applied with fingers, wash hands immediately. Apply with care near eyes, nose and mouth. Lesions failing to respond or recurring should be biopsied.

Adverse Reactions: Local—pain, pruritus, hyperpigmentation and burning at application site most frequent; also dermatitis, scarring, soreness and tenderness. Also reported—insomnia, stomatitis, suppuration, scaling, swelling, irritability, medicinal taste, photosensitivity, lacrimation, leukocytosis, thrombocytopenia, toxic granulation and eosinophilia.

Dosage and Administration: Apply sufficient quantity to cover lesion twice daily with nonmetal applicator or suitable glove. Usual duration of therapy is 2 to 4 weeks.

How Supplied: Solution, 10-ml drop dispensers—containing 2% or 5% fluorouracil on a weight/weight basis, compounded with propylene glycol, tris(hydroxymethyl)aminomethane, hydroxypropyl cellulose, parabens (methyl and propyl) and disodium edetate.

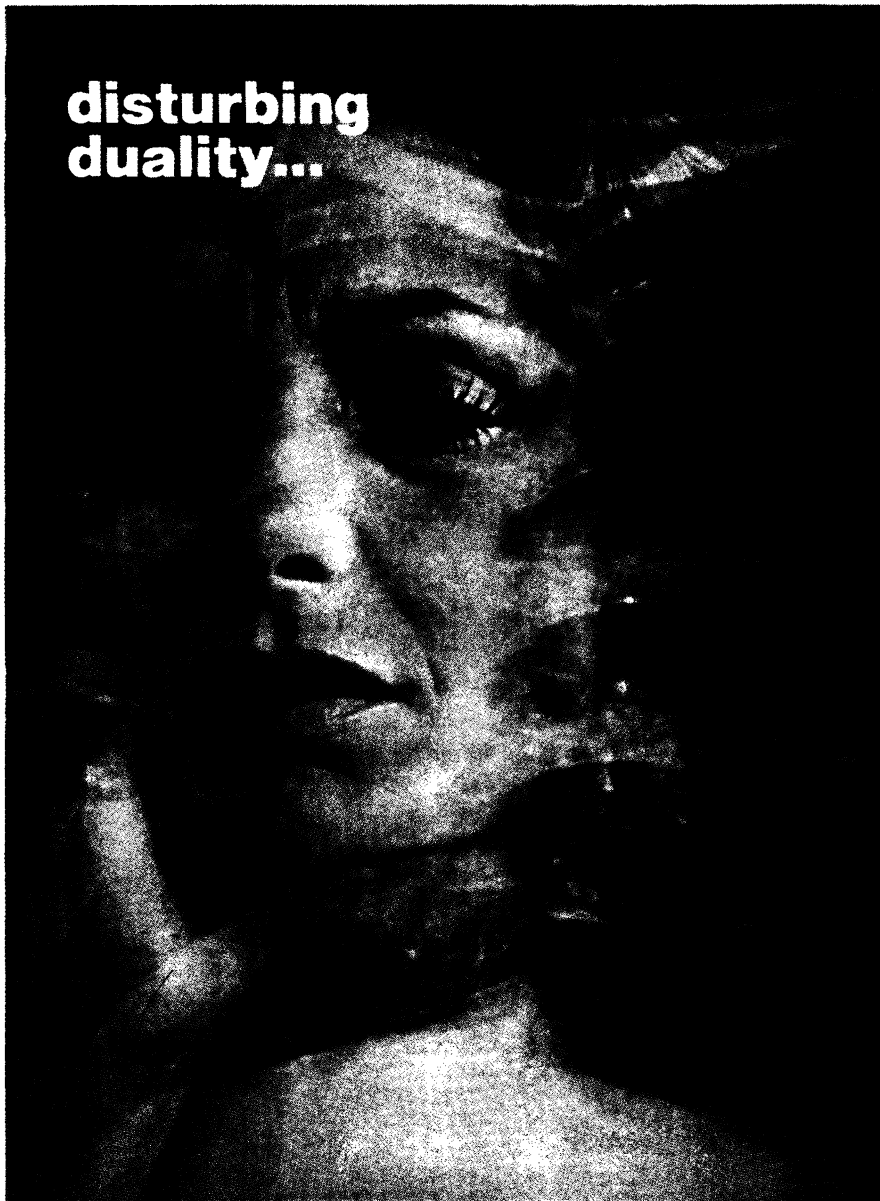
Cream, 25-Gm tubes—containing 5% fluorouracil in a vanishing cream base consisting of white petrolatum, stearyl alcohol, propylene glycol, polysorbate 60 and parabens (methyl and propyl).



now

Efudex®
(fluorouracil)
cream/solution

**disturbing
duality...**



psychic stress and somatic symptoms

The intertwining of psychic stress and somatic symptoms often confuses and distorts the patient's clinical profile. Sinequan (doxepin HCl) can help clarify the origin of somatic symptoms by relieving the causative, or accompanying, psychoneurotic anxiety and depression.

Sinequan
DOXEPIN HCl



Starting dosage:
25 mg. t.i.d.
for mild to moderate
symptomatology



**The tranquilizer that is
an antidepressant.
The antidepressant that
is a tranquilizer.**

BRIEF SUMMARY

Sinequan (doxepin HCl) Capsules

Contraindications. Sinequan (doxepin HCl) is contraindicated in individuals who have shown hypersensitivity to the drug.

Sinequan (doxepin HCl) is contraindicated in patients with glaucoma or a tendency to urinary retention.

Warnings. Usage in Pregnancy: Sinequan (doxepin HCl) has not been studied in the pregnant patient. It should not be used in pregnant women unless, in the judgment of the physician, it is essential for the welfare of the patient, although animal reproductive studies have not resulted in any teratogenic effects.

Usage in Children: The use of Sinequan (doxepin HCl) in children under 12 years of age is not recommended, because safe conditions for its use have not been established.

MAO Inhibitors: Serious side effects and even death have been reported following the concomitant use of certain drugs with MAO inhibitors. Therefore, MAO inhibitors should be discontinued at least two weeks prior to the cautious initiation of therapy with Sinequan (doxepin HCl). The exact length of time may vary and is dependent upon the particular MAO inhibitor being used, the length of time it has been administered, and the dosage involved.

Precautions. Since drowsiness may occur with the use of this drug, patients should be warned of that possibility and cautioned against driving a car or operating dangerous machinery while taking this drug.

Patients should also be cautioned that their re-

sponse to alcohol may be potentiated.

Since suicide is an inherent risk in any depressed patient and may remain so until significant improvement has occurred, patients should be closely supervised during the early course of therapy.

Although Sinequan (doxepin HCl) has significant tranquilizing activity, the possibility of activation of psychotic symptoms should be kept in mind.

Other structurally related psychotherapeutic agents (e.g., iminodibenzyls and dibenzocycloheptenes) are capable of blocking the effects of guanethidine and similarly acting compounds in both the animal and man. Sinequan (doxepin HCl), however, does not show this effect in animals. At the usual clinical dosage, 75 to 150 mg. per day, Sinequan (doxepin HCl) can be given concomitantly with guanethidine and related compounds without blocking the antihypertensive effect. At doses of 300 mg. per day or above, Sinequan (doxepin HCl) does exert a significant blocking effect. In addition, Sinequan (doxepin HCl) was similar to the other structurally related psychotherapeutic agents as regards its ability to potentiate norepinephrine response in the animal. However, in the human this effect was not seen. This is in agreement with the low incidence of the side effect of tachycardia seen clinically.

Adverse Reactions. Anticholinergic Effects: Dry mouth, blurred vision, and constipation have been reported. They are usually mild, and often subside with continued therapy or reduction of dose.

Central Nervous System Effects: Drowsiness has been observed. This usually occurs early in the course of treatment, and tends to disappear as therapy is continued.

Cardiovascular Effects: Tachycardia and hypotension have been reported infrequently.

Other infrequently reported side effects include extrapyramidal symptoms, gastrointestinal reactions, secretory effects such as increased sweating, weakness, dizziness, fatigue, weight gain, edema, paresthesias, flushing, chills, tinnitus, photophobia, decreased libido, rash, and pruritus.

Dosage. For most patients with illness of mild to moderate severity, a starting dose of 25 mg. t.i.d. is recommended. Dosage may subsequently be increased or decreased at appropriate intervals and according to individual response. The usual optimum dose range is 75 mg./day to 150 mg./day.

In more severely ill patients an initial dose of 50 mg. t.i.d. may be required with subsequent gradual increase to 300 mg./day if necessary. Additional therapeutic effect is rarely to be obtained by exceeding a dose of 300 mg./day.

In patients with very mild symptomatology or emotional symptoms accompanying organic disease, lower doses may suffice. Some of these patients have been controlled on doses as low as 25-50 mg./day.

Although optimal antidepressant response may not be evident for two to three weeks, antianxiety activity is rapidly apparent.

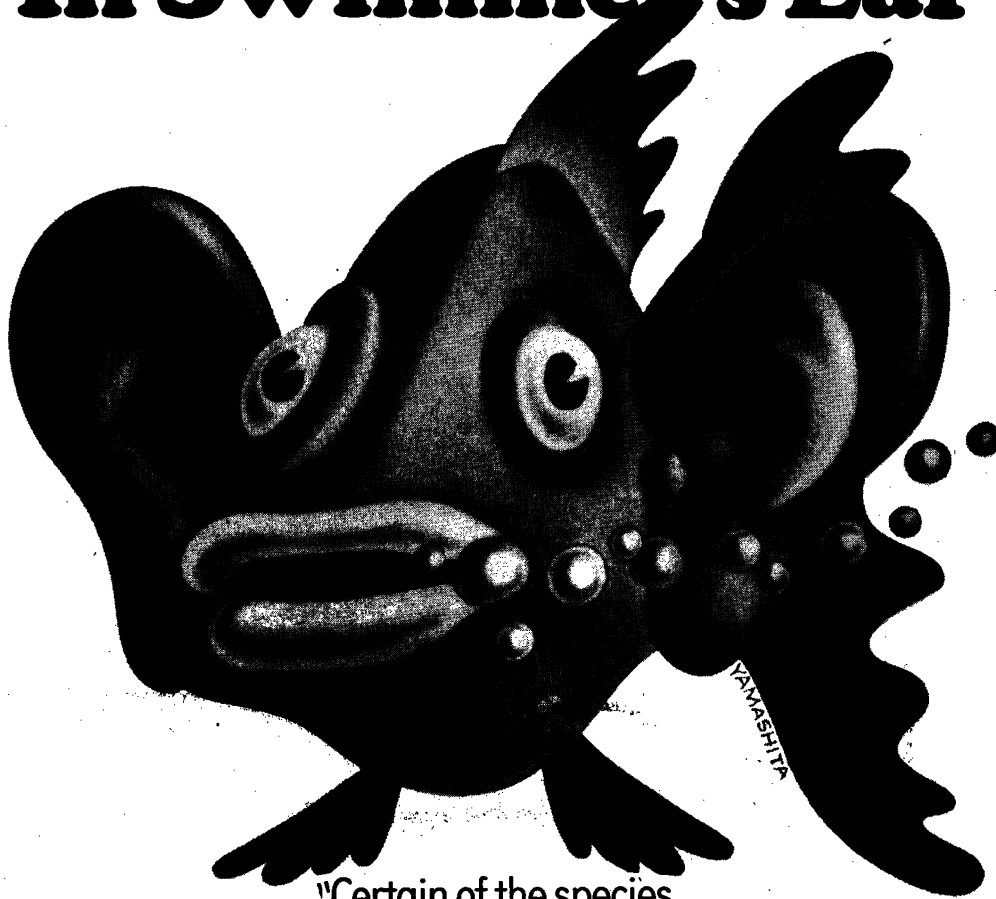
Supply. Sinequan (doxepin HCl) is available as capsules containing doxepin HCl equivalent to 10 mg., 25 mg., and 50 mg. of doxepin in bottles of 100; and 25 mg. and 50 mg. in bottles of 1000.

More detailed professional information available on request.



LABORATORIES DIVISION
PFIZER INC., NEW YORK, N.Y. 10017

In Swimmer's Ear



"Certain of the species
are apt to encounter aural
difficulties after engaging in various
natatory pursuits."

Furacin® Otic (nitrofurazone) antibacterial/anesthetic/antifungal

Formula: Contains (w/w) 0.2% FURACIN, brand of nitrofurazone, 0.375% Micafur®, brand of nifuroxime, and 2% diperodon hydrochloride dissolved in water-soluble, nondrying, hygroscopic polyethylene glycol.

Indications: For treatment of bacterial otitis externa, bacterial otitis media and otomycosis. In otitis media, this preparation is not effective if the tympanic membrane is intact.

FURACIN (nitrofurazone) and Micafur (nifuroxime) are active against a variety of gram-positive and gram-negative organisms. Activity versus *Pseudomonas* sp. is limited to certain strains. Micofur (nifuroxime) is active against *Candida* (*Monilia*) *albicans*.

Precautions: Sensitization may occur with prolonged use and is more likely to develop in eczematous otitis externa. To minimize such reactions (a) limit application to a week or less, and (b) avoid use of excessive amounts which may run down the face.

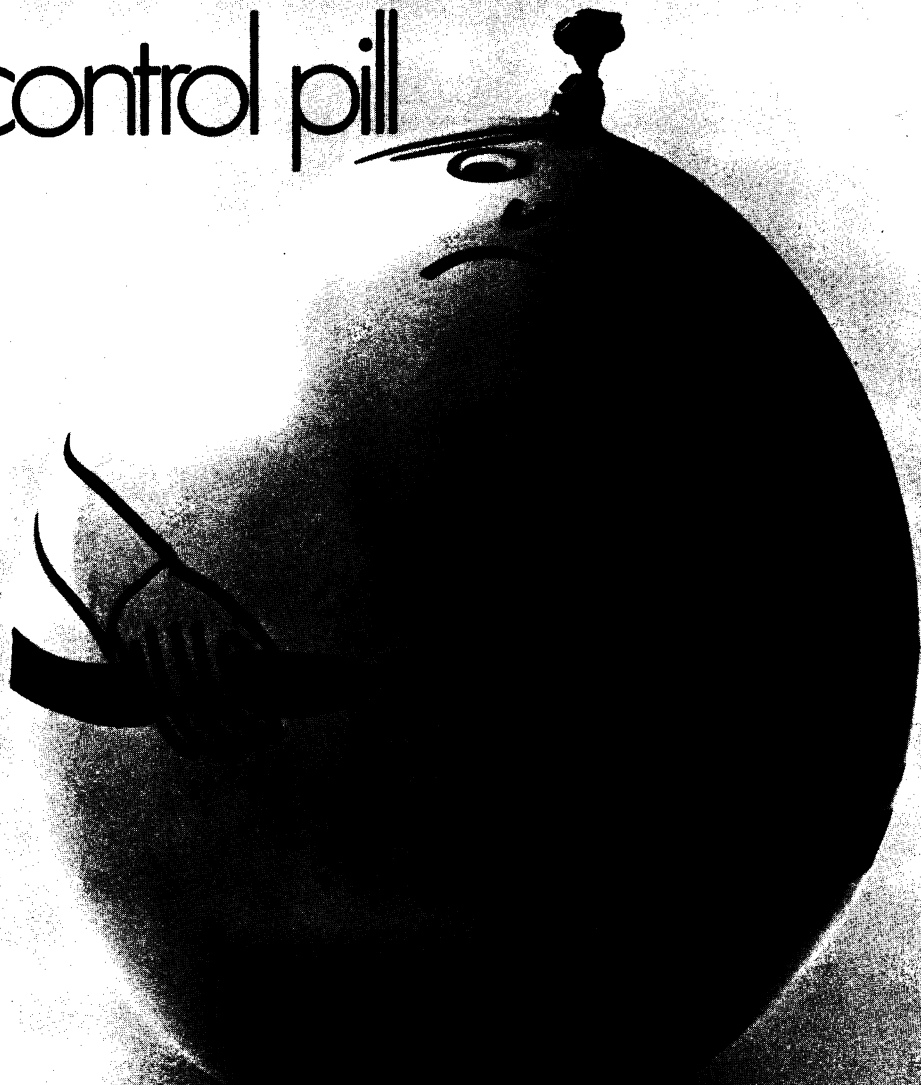
This preparation is not indicated for use in treatment of cholesteatoma, where surgical intervention is necessary.

Supplied: Bottle of 15 cc. with dropper.



©Originators and Developers of The Nitrofurans
EATON LABORATORIES
Division of The Norwich Pharmacal Company
NORWICH, NEW YORK 13815

The girth control pill



Tepanil® Ten-tab (continuous release form) (diethylpropion hydrochloride, N.F.)

When girth gets out of control, TEPANIL can provide sound support for the weight control program you recommend. TEPANIL reduces the appetite—patients enjoy food but eat less. Weight loss is significant—gradual—yet there is a relatively low incidence of CNS stimulation.

Contraindications: Concurrently with MAO inhibitors, in patients hypersensitive to this drug, in emotionally unstable patients susceptible to drug abuse.

Warning: Although generally safer than the amphetamines, use with great caution in patients with severe hypertension or severe cardiovascular disease. Do not use during first trimester of pregnancy unless potential benefits outweigh potential risks.

Adverse Reactions: Rarely severe enough to require discontinuation of therapy, unpleasant symptoms with diethylpropion hydrochloride have been reported to occur in relatively low incidence. As is characteristic of sympathomimetic agents, it may occasionally cause CNS effects such as insomnia, nervousness, dizziness, anxiety,

and jitteriness. In contrast, CNS depression has been reported. In a few instances an increase in convulsive episodes has been reported. Cardiovascular effects reported include ones such as tachycardia, precordial pain, arrhythmia, palpitation, and increased blood pressure. One published report described T-wave changes in the ECG of a healthy young male after ingestion of diethylpropion hydrochloride; this was an isolated experience, which has not been reported by others. Allergic phenomena reported include such conditions as rash, urticaria, ecchymosis, and erythema. Gastrointestinal effects such as diarrhea, constipation, nausea, vomiting, and abdominal discomfort have been reported. Specific reports on the hematopoietic system include two each of bone marrow depression, agranulocytosis, and leukopenia. A variety of miscellaneous adverse reactions have been reported by physicians. These include complaints such as dry mouth, headache, dyspnea, menstrual upset, hair loss, muscle pain, decreased libido, dysuria, and polyuria.

Convenience of two dosage forms: TEPANIL Ten-tab tablets: One 75 mg. tablet daily, swallowed whole, in midmorning (10 a.m.); TEPANIL: One 25 mg. tablet three times daily, one hour before meals. If desired, an additional tablet may be given in mid-evening to overcome night hunger. Use in children under 12 years of age is not recommended.

T-1074/71/U.S. PATENT NO. 3,001,810



THE NATIONAL DRUG COMPANY
DIVISION OF RICHARDSON-MERRELL INC.
PHILADELPHIA, PENNSYLVANIA 19144



Painful night leg cramps...

unwelcome bedfellow for any patient—
including those with arthritis, diabetes or PVD

One thing patients can sleep without, particularly patients with chronic disease conditions such as arthritis, diabetes or PVD, is painful night leg cramps. Although seldom the presenting complaint, night leg cramps can tie your patients up in painful knots. Now, just one tablet of QUINAMM at bedtime can usually bring an end to shattered sleep and needless suffering. Your patients will sleep restfully—gratefully—with QUINAMM, specific therapy to prevent painful night leg cramps.

Prescribing Information — Composition: Each white, beveled, compressed tablet contains: Quinine sulfate, 260 mg., Aminophylline, 195 mg. **Indications:** For the prevention and treatment of nocturnal and recumbency leg muscle cramps, including those associated with arthritis, diabetes, varicose veins, thrombophlebitis, arteriosclerosis and static foot deformities. **Contraindications:** QUINAMM is contraindicated in pregnancy because of its quinine content. **Precautions/Adverse Reactions:** Aminophylline may produce intestinal cramps in some instances, and quinine may produce symptoms of cinchonism, such as tinnitus, dizziness, and gastrointestinal disturbance. Discontinue use if ringing in the ears, deafness, skin rash, or visual disturbances occur. **Dosage:** One tablet upon retiring. Where necessary, dosage may be increased to one tablet following the evening meal and one tablet upon retiring. **Supplied:** Bottles of 100 and 500 tablets.



THE NATIONAL DRUG COMPANY
DIVISION OF RICHARDSON-MERRELL INC.
PHILADELPHIA, PENNSYLVANIA 19144

Q103 2/71

QuinammTM

(quinine sulfate 260 mg., aminophylline 195 mg.)

Specific therapy for night leg cramps

JUDGE ANTIBIOTIC OINTMENTS HERE



Results on skin are final proof of any topical antibiotic's effectiveness

No in vitro test can duplicate a clinical situation on living skin. 'Neosporin' (polymyxin B — bacitracin — neomycin) Ointment has consistently proven its effectiveness in thousands of cases of bacterial skin infection. The spectra of the three antibiotics overlap in such a way as to provide bactericidal action against most pathogenic bacteria likely to be found topically. Diffusion of the antibiotics from the special petrolatum base is rapid since they are insoluble in the petrolatum, but readily soluble in tissue fluids. The Ointment is bland and nonirritating.

Caution: As with other antibiotic preparations, prolonged use may result in overgrowth of nonsusceptible organisms and/or fungi. Appropriate measures should be taken if this occurs. Articles in the current medical literature indicate an increase in the prevalence of persons allergic to neomycin. The possibility of such a reaction should be borne in mind.

Contraindications: This product is contraindicated in those individuals who have shown hypersensitivity to any of its components.

Supplied: Tubes of 1 oz., ½ oz. with applicator tip, and ¼ oz. with ophthalmic tip.

Complete literature available on request from Professional Services Dept. PML.

'NEOSPORIN'[®]

brand

POLYMYXIN B-BACITRACIN-NEOMYCIN OINTMENT



BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, N.Y.

Lido

Gastritis



**when
G-I symptoms
demand
a potent
synthetic
anticholinergic**

**move up to
“the Robinul
response”**

In treating hypersecretion and hypermotility associated with gastritis are you disappointed in the results you've been getting with some of the synthetics?

Then *move up* to a potent anticholinergic—Robinul® Forte (2 mg. glycopyrrolate).

It provides prompt, pronounced, prolonged suppression of gastric hypersecretion, making it a highly effective agent in gastritis and other upper G-I conditions associated with hypersecretion and hypermotility.

Because Robinul Forte exerts a profound antispasmodic action, it is also useful in the treatment of lower G-I disorders, such as functional bowel distress and spastic and irritable colon. If the patient has a “one tract mind” concerning his condition, you can help control the anxiety and tenseness by prescribing Robinul®-PH Forte (2 mg. glycopyrrolate with 16.2 mg. phenobarbital—warning: may be habit forming).

Robinul® 2mg. Forte (glycopyrrolate)

■ **INDICATIONS** Robinul Forte (glycopyrrolate, 2 mg.) and Robinul-PH Forte are double-strength dosage forms of glycopyrrolate. They are primarily indicated for patients who are less responsive to anticholinergic therapy and for control of the more prominent symptomatology associated with acute episodes of gastrointestinal disorders. Emphasis should be on total management, with due consideration of the various therapeutic modalities available, including diet, antacids, anticholinergic agents, sedatives, and attention to emotional problems. Accordingly, glycopyrrolate is recommended in the management of gastrointestinal disorders amenable to anticholinergic therapy, such as: (1) duodenal ulcer, duodenitis, pylorospasm; (2) gastric ulcer, gastritis, esophageal hiatal hernia, hyperchlorhydria, pyrosis, aerophagia, gastroenteritis; (3) esophagitis; (4) cholecystitis, chronic pancreatitis; (5) spastic and irritable colon, ulcerative colitis, functional bowel distress, diverticulitis, acute enteritis, diarrhea; and (6) splenic flexure syndrome, neurogenic gastrointestinal disturbances. When these conditions are associated with psychic overlay, the formulation with phenobarbital may be indicated. ■ **CONTRAINDICATIONS** Glaucoma, urinary bladder neck obstruction, pyloric obstruction, stenosis with significant gastric retention, prostatic hypertrophy, duodenal obstruction, cardiospasm (megaesophagus), and achalasia of the esophagus, and in the case of Robinul-PH Forte (glycopyrrolate with phenobarbital), sensitivity to phenobarbital. ■ **PRECAUTIONS** Administer with caution in the presence of incipient glaucoma. ■ **SIDE EFFECTS** The most frequent side effect noted during clinical trials was dry mouth. Thirty-three (3.3%) of 1,009 patients receiving 1 to 32 mg. of glycopyrrolate a day complained of dry mouth of moderate to severe degree, but only 11 discontinued treatment because of this. Blurred vision, constipation, and urinary hesitancy have been reported infrequently. Other side effects associated with the use of anticholinergic drugs include: tachycardia, palpitation, dilatation of the pupil, increased ocular tension, weakness, nausea, vomiting, headache, dizziness, drowsiness, and rash. ■ **DOSAGE** The average and maximum recommended dose of Robinul Forte (glycopyrrolate, 2 mg.) or Robinul-PH Forte is one tablet three times daily (in the morning, early afternoon, and at bedtime). To obtain optimum results, dosage should be adjusted to the individual patient's response. After the more severe symptoms associated with acute conditions have subsided, the dose may be reduced to the minimum required to maintain symptomatic relief. ■ **SUPPLY** Robinul Forte (glycopyrrolate, 2 mg.) is available as scored, compressed pink tablets engraved AHR/2 in bottles of 100 and 500. ■ Robinul-PH Forte (glycopyrrolate, 2 mg., with phenobarbital, 16.2 mg.) is available as scored, compressed blue tablets engraved AHR/2 in bottles of 100 and 500.

A. H. Robins Company, Richmond, Va.

A-H ROBINS

Doriden[®]
(glutethimide)
**and you can count
on the rest**



At night, she wants to wash her hands of the whole household routine. But there's always another shirt around the corner.

And she finds herself counting them like the proverbial sheep to overcome her insomnia.

It could be so much easier with Doriden.

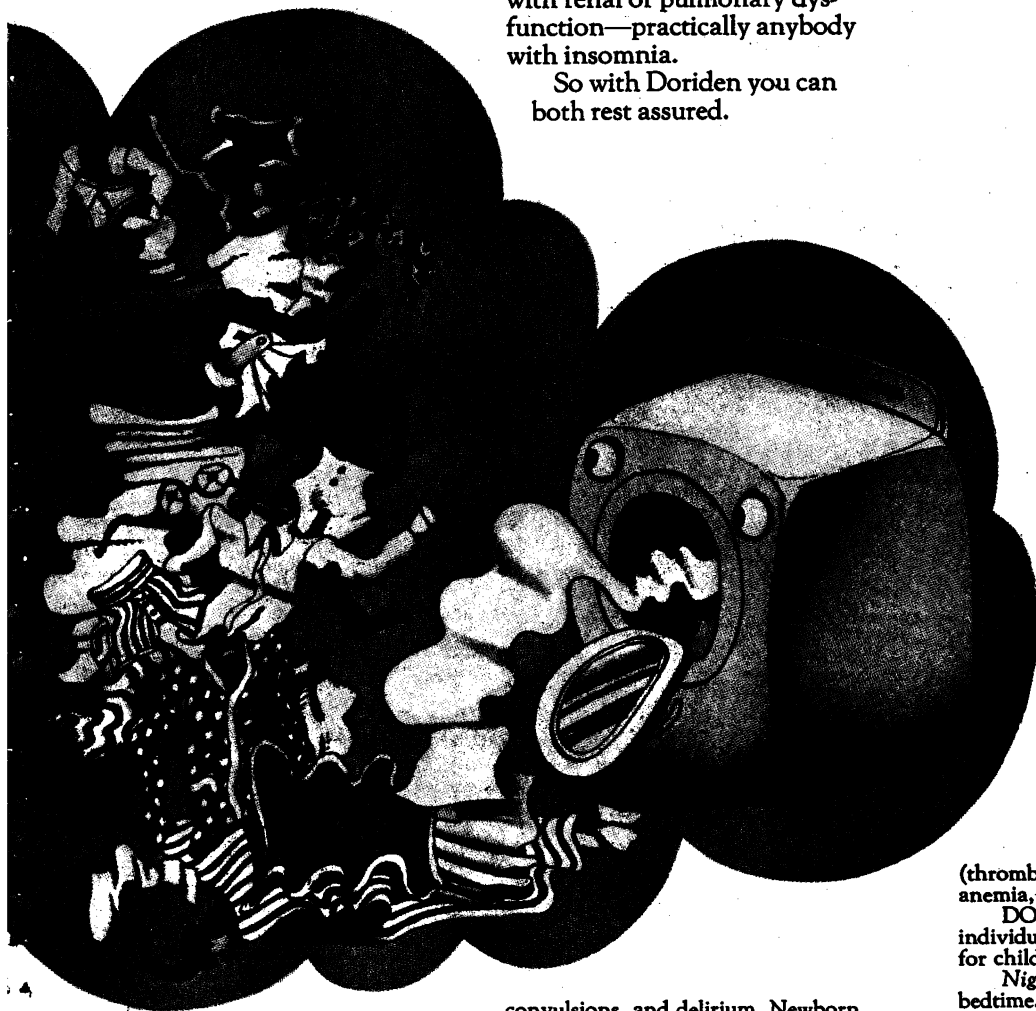
Because Doriden works nice

and easy. Usually brings sleep quickly and smoothly. Preexcitation is rarely a problem.

What's more, Doriden wears off soon enough so your patient usually wakes naturally refreshed. Morning hangover is also rare.

And Doriden is generally well tolerated by the aged, the chronically ill or hospitalized, those with renal or pulmonary dysfunction—practically anybody with insomnia.

So with Doriden you can both rest assured.



INDICATIONS: For night-time, daytime, and preoperative sedation, as well as during first stage of labor.

CONTRAINDICATIONS: Known hypersensitivity to glutethimide.

WARNINGS: Caution patients about possible combined effects with alcohol and other CNS depressants. Do not operate machinery, drive motor vehicle, or engage in activities requiring complete alertness shortly after ingesting drug.

Dosage of coumarin anticoagulants may require adjustments during and on cessation of glutethimide therapy.

Physical and Psychological Dependence: Physical and psychological dependence have occurred. Prescribe cautiously for patients known to take excessive quantities of drugs. Limit repeated prescriptions without adequate medical supervision. Withdrawal symptoms include nausea, abdominal discomfort, tremors,

convulsions, and delirium. Newborn infants of mothers dependent on glutethimide may also exhibit withdrawal symptoms. In the presence of dependence, dosage should be reduced gradually.

Pregnancy: Use of any drug in pregnancy or lactation requires weighing potential benefits against hazards.

PRECAUTIONS: Total daily dosage above 1 Gm is not recommended for continued administration. In presence of pain, which may counteract the sedative effect of glutethimide, an analgesic should also be prescribed.

ADVERSE REACTIONS: Withdraw glutethimide if a generalized skin rash occurs. Rash usually clears spontaneously within a few days after withdrawal. Occasionally, a purpuric or urticarial rash may occur; exfoliative dermatitis has been reported rarely. With recommended doses, there have been rare reports of nausea, hangover, paradoxical excitation, and blurring of vision. Rarely, acute hypersensitivity reactions, porphyria, and blood dyscrasias

(thrombocytopenic purpura, aplastic anemia, leukopenia) have been reported.

DOSAGE: To avoid oversedation, individualize dosage. Not recommended for children under 12.

Night-time sedation: 0.25 to 0.5 Gm at bedtime. Repeat dose if necessary, but not less than 4 hours before arising.

Daytime sedation: 0.125 to 0.25 Gm t.i.d. after meals.

Preoperative sedation: 0.5 Gm the night before surgery; 0.5 to 1 Gm 1 hour before anesthesia.

First stage of labor: 0.5 Gm at onset of labor. Repeat if necessary.

SUPPLIED: Tablets, 0.5 Gm (white, scored); bottles of 100, 500, 1000 and Strip Dispensers of 100.

Tablets, 0.25 Gm (white, scored); bottles of 100 and 1000.

Tablets, 0.125 Gm (white); bottles of 100.

Capsules, 0.5 Gm (blue and white); bottles of 100.

CIBA Pharmaceutical Company
Division of CIBA-GEIGY Corporation
Summit, New Jersey 07901

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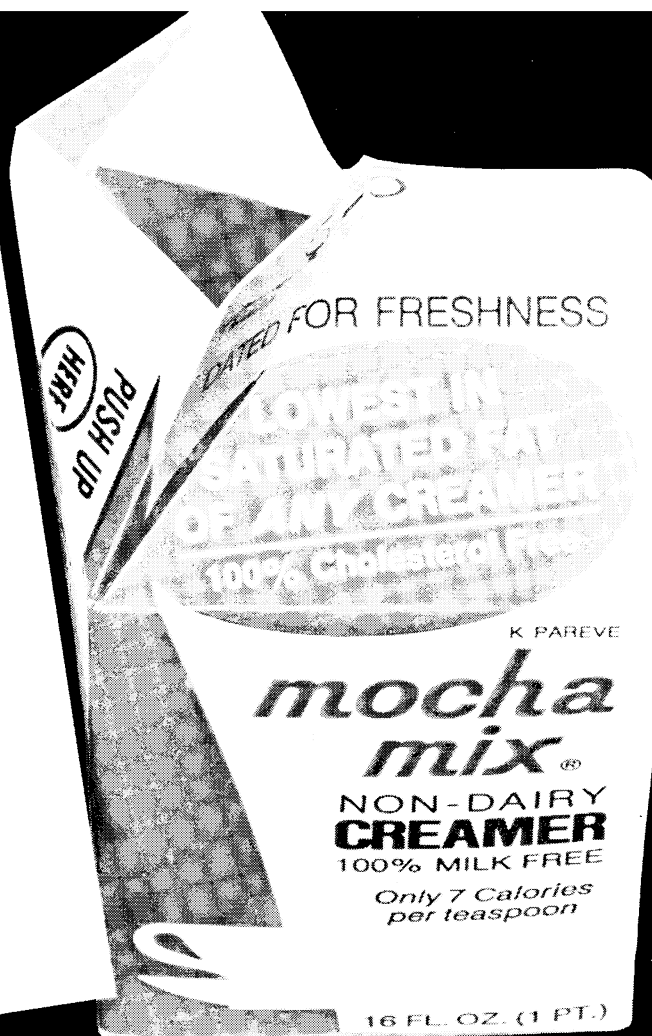
C I B A

MOCHA MIX DATA SHEET

INGREDIENT	APPROXIMATE PERCENT	SOURCE
Water	78.5	Soybean
Vegetable Oil*	11.0	Soybean
Vegetable Protein	.3	Corn Syrup
Carbohydrates	9.0	
Emulsifiers & Stabilizers	1.0	
Minerals	Less than 0.1	Sodium Potassium

Cholesterol Content	0
Polyunsaturate to saturate ratio	1.5 to 1
Calories per Fluid Ounce	43
Calories per Fluid Ounce from Fat	30
Based on the fat, approximate fatty acid composition:	
Poly-unsaturated	21%
Monounsaturated	65%
Saturated	14%

*Partially hydrogenated soybean oil.



Mocha Mix presents its credentials:

Study them. Note how low Mocha Mix® is in saturated fat. (Actually the lowest of any creamer — liquid, frozen or powdered.) Then note the unsaturated to saturated fat ratio (1.5:1). And Mocha Mix is 100% milk-free and 100% cholesterol-free, too! Taste? In coffee ... on cereal, fruit or desserts ... or for cooking, any way, any time a creamer is called for, Mocha Mix is the most delicious creamer ever!

Interested? Send us a note and we will send you a generous supply of coupons your patients can redeem at their grocers. Mail to: Mocha Mix Dept., Presto Food Products, Inc., P.O. Box No. 21908, Los Angeles, CA 90021.

mocha mix® ... the non-dairy creamer that's lowest in saturated fat!

CONTINUING MEDICAL EDUCATION ACTIVITIES IN CALIFORNIA AND HAWAII

(Formerly WHAT GOES ON)

COMMITTEE ON CONTINUING MEDICAL EDUCATION

THIS BULLETIN of information regarding continuing education programs and meetings of various medical organizations in California and Hawaii is supplied by the Committee on Continuing Medical Education of the California Medical Association. It is funded through a Health Services and Mental Health Administration grant to the California Committee on Regional Medical Programs; Grant No. 3 S02 RM-00019 01S1. In order that they may be listed here, please send communications relating to your future meetings or postgraduate courses to Committee on Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102; or phone: (415) 776-9400, ext. 241.

CANCER

September 15—**Diagnosis and Management of Intractable Pain in Cancer and Non-Cancer Patients.** Los Angeles County Branch, American Cancer Society and Los Angeles County Chapter, California Academy of General Practice at Ambassador Hotel, Los Angeles. Wednesday. \$18. Contact: Al Corzo, Asst. Educ. Dir., Los Angeles County Branch, ACS, 1550 W. Eighth St., Los Angeles 90017. (213) 387-4201.

September 30—**Current Concepts of Medical Oncology.** UCLA. Thursdays weekly through December 9.

October 23.—**Cancer Symposium.** Kaiser Foundation Hospital, Sacramento. Saturday. Cancer—An Overview, Hematological Diseases, Pharmacology and Use of Cancer Chemotherapeutic Agents, Role of Radiation Therapy, Management of the Terminal Patient, Cancer—It's not Really Hopeless. \$5. 7 hrs. Contact: Bette Shephard, Continuing Education, Kaiser Foundation Hospital, 2025 Morse Ave., Sacramento 95825. (916) 486-5965.

November 13-14—**Seventh Annual Clinical Cancer Conference.** UCSF. Saturday-Sunday.

Continuously—**Tumor Board—Harbor General Hospital.** CRMP Area IV and Harbor General Hospital at Pathology Conference Room, Harbor General Hospital, Torrance. Fridays 2-3 p.m. Advice and consultation from specialists in surgical, medical, and radiotherapeutic treatment of cancer. Practicing physicians invited to have patients presented for discussion. Contact: Malin Dollinger, M.D., Chairman, Tumor Board, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1257.

MEDICINE

August 18-22—**Fourteenth Annual Advanced Seminars in Internal Medicine.** UCLA at UCLA Residential Conference Center, Lake Arrowhead. Wednesday-Sunday. 24 hrs. Clinical immunology, hematology, cardiology and nephrology.

August 30-September 2—**Epidermal Wound Healing.** UCSF at Del Monte Lodge, Pebble Beach. Monday-Thursday. Cellular Facets of Wound Repair, Cell Kinetics, Quantitation of Repair, Dermal-Epidermal Interactions, Physical and Chemical Factors Affecting Repair. \$100.

September 8—**Sixth Annual Meeting on Kidney Disease.** STAN. Wednesday.

September 8-12—**1971 Advanced Seminars in Dermatology.** UCI at Newporter Inn, Newport Beach. Wednesday-Sunday. Microbiology of the Skin, Carcinogenesis and Cutaneous Cancer. \$100. 40 hrs. Contact: James Graham, M.D., Dept. of Medicine, UCI. (714) 633-9393, ext. 172.

KEY TO ABBREVIATIONS AND SYMBOLS

Medical Centers and CMA Contacts for Information

- CMA:** California Medical Association
Contact: Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102. (415) 776-9400, ext. 241.
- LLU:** Loma Linda University
Contact: John E. Peterson, M.D., Associate Dean for Continuing Medical Education, Loma Linda University School of Medicine, Loma Linda 92354. (714) 796-7311.
- PMC:** Pacific Medical Center
Contact: Arthur Selzer, M.D., Chairman, Education Committee, Pacific Medical Center, P.O. Box 7999, San Francisco 94120. (415) 931-8000.
- STAN:** Stanford University
Contact: John L. Wilson, M.D., Chairman on Postgraduate Education, Stanford University School of Medicine, 300 Pasteur Drive, Stanford 94305. (415) 321-1200, ext. 5594.
- UCD:** University of California, Davis
Contact: George H. Lowrey, M.D., Professor and Chairman, Department of Postgraduate Medicine, University of California, Davis, School of Medicine, Davis 95616. (916) 752-3170.
- UCI:** University of California — California College of Medicine, Irvine
Contact: Donald W. Shafer, M.D., Assistant Coordinator, Continuing Medical Education, Regional Medical Programs, University of California, Irvine — California College of Medicine, Irvine 92664. (714) 833-5991.
- UCLA:** University of California, Los Angeles
Contact: Donald Brayton, M.D., Associate Dean and Head, Continuing Education in Medicine and the Health Sciences, 15-39 Rehabilitation Center, UCLA Center for the Health Sciences, Los Angeles 90024. (213) 825-7241.
- UCSD:** University of California, San Diego
Contact: Michael Shimkin, M.D., Associate Dean for Health Manpower, 1309 Basic Sciences Building, University of California, San Diego, School of Medicine, La Jolla 92037. (714) 453-2000, ext. 2704.
- UCSF:** University of California, San Francisco
Contact: Seymour M. Farber, M.D., Dean, Educational Services and Director, Continuing Education, Health Sciences, School of Medicine, University of California, San Francisco 94122. (415) 666-1692.
- USC:** University of Southern California
Contact: Phil R. Manning, M.D., Associate Dean, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 90033. (213) 225-1511, ext. 203.

- September 13-October 1—Coronary Care for Physicians Training Program.** Cedars-Sinai Medical Center at Cedars of Lebanon Hospital, Los Angeles. Three-week course designed for practicing internists or cardiologists who will subsequently be working in or directing CCU in community hospitals. Electrocardiography, physical diagnosis, CCU planning and administration, electrolytes and acid base metabolism, emphasis on practical techniques. \$250. Contact: Herbert Stein, M.D., Coronary Care for Physicians Training Programs, Dept. of Cardiology, Cedars of Lebanon Hospital, Box 54265, Los Angeles 90029. (213) 662-9111, ext. 306.
- September 16—Differential Diagnosis in Internal Medicine.** USC. One Thursday monthly through December 16.
- September 17—A Day in Nephrology.** California Regional Medical Programs, Area II at Sutter Memorial Hospital, Sacramento. Friday. 6 hrs. Contact: Stanley Ruggles, M.D., 5025 J St., Sacramento 95819. (916) 452-6071.
- September 18—Fifteenth Annual Physicians Symposium on Cardiovascular Disease.** Santa Barbara and Ventura Counties Heart Associations at Biltmore Hotel, Santa Barbara. Saturday. \$20. 7 hrs. Contact: Mrs. Sara Clyde, Exec. Dir., SBCHA, 223 E. De La Guerra, Santa Barbara 93103. (805) 963-1541.
- September 22—Eleventh Annual Medical Symposium on Kidney Disease.** Kidney Foundation of Southern California at Ambassador Hotel, Los Angeles. Wednesday. \$25. 8 hrs. Contact: Leonard Gottlieb, Exec. Dir., KFSC, 5880 San Vicente Blvd., Los Angeles 90019. (213) 936-5229.
- September 25—Dermatology Symposium—Skin, Sun and Soul.** Southern California Permanente Medical Group at Hilton Hotel, Los Angeles. Saturday. Contact: Shirley Gach, Coordinator, Education and Research, SCPMG, Room 6014, 4900 Sunset Blvd., Los Angeles 90027. (213) 663-8411.
- October 8—Digitalis.** USC. Friday.
- October 8-11—California Society of Internal Medicine—Annual Meeting.** Newporter Inn, Newport Beach. Friday-Monday. Contact: Cynthia Bell, Exec. Sec., CSIM, 703 Market St., San Francisco 94103. (415) 362-1548.
- October 9-10—Western Dialysis and Transplant Society.** Hilton Hotel, San Francisco. Saturday-Sunday. Hemodialysis and renal transplantation, research. \$10. 16 hrs. Contact: John R. DePalma, M.D., Olive View Medical Center, 14445 Olive View, Sylmar 91342. (213) 367-2231, ext. 2666.
- October 13—Fourth Annual George C. Griffith Lecture-ship.** Los Angeles County Heart Association at Ambassador Hotel, Los Angeles. Wednesday. 1 hr. Contact: Joyce Martin, LACHA, 2405 W. Eighth St., Los Angeles 90057. (213) 385-4231.
- October 14-15—Diabetes.** USC. Thursday-Friday.
- October 14-16—Forty-First Annual Physicians Symposium on Heart Disease.** San Francisco Heart Association at Hilton Inn, San Francisco Airport. Thursday-Saturday. Myocardial disease, valvular heart disease, pericardial disease, recent advances in cardiopulmonary disease, coronary disease. \$35. 18 hrs. Contact: Mrs. Frances MacKinnon, Dir., Prof. Ed., 259 Geary St., Room 300, San Francisco 94102. (415) 982-5753.
- October 16—Clinical Problems in Gastroenterology.** Woodland Clinic Medical Group and Yolo County Chapter, California Academy of General Practice at Woodland Clinic, Woodland. Saturday. \$5. 6½ hrs. Contact: Gerald F. Peppers, M.D., Woodland Clinic Medical Group, 1207 Fairchild Court, Woodland 95695. (916) 662-4641.
- October 16-17—Pediatric Neurology.** UCLA. Saturday-Sunday.
- October 20—Cardiology in the South Pacific.** USC on tour in the South Pacific. Three weeks through November 9.
- October 21-23—Rheumatic Disease: Clinical Progress and Current Concepts of Pathogenesis.** UCSF, Northern California Rheumatism Association, Southern California Rheumatism Society and Northwest Rheumatism Society at UCSF. Thursday-Saturday. 15 hrs. Contact: UCSF.
- October 23—Workshop in Complex Arrhythmias.** PMC. Saturday.
- October 23—Pathogenesis and Management of Fluid and Electrolyte Imbalance.** PMC. Saturday. Third in a series of four workshops. \$50.
- October 27—Recent Advances in Kidney Disease.** LLU. Wednesday. \$25. 8 hrs.
- November 1-10—Cardiology for the Consultant.** American College of Cardiology at Rancho Santa Fe Inn, Rancho Santa Fe. One and one-half weeks. Contact: Miss Mary Anne McInerney, Dir., Dept. of Continuing Ed. Programs, ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.
- November 1-19—Coronary Care for Physicians Training Program.** See Medicine, September 13-October 1.
- November 2-4—Vector Cardiography.** USC. Tuesday-Thursday.
- November 3 & 10—Dermatology.** USC. Two Wednesdays.
- November 3-7—Nineteenth Annual Meeting on Reproductive Physiology.** Pacific Coast Fertility Society at El Mirador Hotel, Palm Springs. Wednesday-Sunday. \$25. 22 hrs. Contact: Dee Davis, Exec. Sec., PCFS, 5410 Wilshire Blvd., Los Angeles 90036. (213) 931-1621.
- November 9-16—American Heart Association.** Disneyland Hotel, Anaheim. One week. Contact: James M. Hundley, M.D., Exec. Dir., AHA, 44 E 23rd St., New York 10010. (212) 477-9170.
- November 10—New Techniques in the Diagnosis and Treatment of Cerebrovascular Disease.** LLU. Wednesday.
- November 10-12—Respiratory Failure Workshop.** USC. Wednesday-Friday.
- November 12-13—Sixteenth Annual Medical Symposium—Renal Disease.** Southern California Permanente Medical Group at Hilton Hotel, Los Angeles. Friday-Saturday. Contact: Shirley Gach, Coordinator, Education and Research, SCPMG, Room 6014, 4900 Sunset Blvd., Los Angeles 90027. (213) 663-8411.
- November 15-17—Chest Diseases in Children.** UCSF. Monday-Wednesday.

November 17—**Current Advances in Diabetes.** LLU. Wednesday.

November 18-19—**New Concepts in Medicine.** California Hospital Medical Center, Los Angeles. Thursday-Friday. 13 hrs. Contact: Kenneth L. Senter, M.D., Dir., Medical Education, California Hospital Medical Center, 1414 S. Hope St., Los Angeles 90015. (213) 748-2411.

November 19-21—**Coronary Artery Disease and Cardiac Arrhythmias.** American College of Cardiology and University of Hawaii School of Medicine at Surf Rider Hotel, Honolulu. Friday-Sunday. Contact: Miss Mary Anne McInerney, Dir., Dept. of Continuing Ed. Programs, ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.

Continuously—**Medical Knowledge Self-Assessment Test Review.** PMC. June through October. Review of American College of Physicians' last Medical Knowledge Self-Assessment Test. 720 questions to be reviewed. September 11—Neurology, September 18—Rheumatology, September 25—Allergy and Infectious Disease, October 9—Hematology, October 16—Renal Disease and Electrolytes.

Continuously—**Seminar in Clinical and Public Health Aspects of Chest Diseases.** Harbor General Hospital and CRMP Area IV at Harbor General Hospital, Torrance. Three hour sessions on fourth Friday of each month, 9-12 a.m., B-3 classroom, Chest Wards. Presentation of patients demonstrating medical, social, and public health aspects of chest disease, followed by discussion of cases by instructors and guest lecturers. Course open to physicians, nurses, social workers and personnel concerned with detection and management of patients with chest disease. No fee. Contact: Malin Dollinger, M.D., Program Dir., Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1257.

Continuously—**Training of Physicians in Modern Concepts of Pulmonary Care.** CRMP Area VI, LLU and Riverside General Hospital. Four weeks or more, scheduled by arrangement. Diagnostic and therapeutic methods in medical chest disease, physiological methodology of modern pulmonary care programs, use of new instrumentation in the field. 160 hrs. Contact: George C. Burton, M.D., LLU.

Continuously—**Coronary Care.** St. Francis Hospital of Lynwood, Lynwood. Second Thursday of each month, 7:30-8:30 p.m. Contact: Ralph Miller, Director of Education, St. Francis Hospital of Lynwood, 3620 Imperial Highway, Lynwood 90262. (213) 639-5111.

Continuously—**Neurological Sciences.** St. Francis Hospital of Lynwood, Lynwood. Fridays, 7:30-8:30 a.m. Presentations of radiological evaluations and pathological specimens or current material and review of current topics in specialty. Weekly notification of cases to be available. Contact: Ralph Miller, Director of Education, St. Francis Hospital of Lynwood, 3620 Imperial Highway, Lynwood 90262. (213) 639-5111.

Continuously—**Continuing Education in Internal Medicine—Harbor General Hospital.** CRMP Area IV and Harbor General Hospital at Harbor General Hospital, Torrance. Thursdays 12-1 p.m. Systematic review of internal medicine, lectures by faculty and visiting professors. Contact: Malin Dollinger, M.D., Program Dir., Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1257.

Continuously—**Training for Physicians in Nephrology.** CRMP Area VI and LLU at LLU. Courses of four weeks or more available, to be scheduled by arrangement. Bedside conferences, clinical care and management. Hemodialysis, peritoneal dialysis, renal biopsy and kidney transplantation. 160 hrs. Contact: Stewart W. Shankel, M.D., LLU.

Continuously—**Training for Physicians in General Internal Medicine.** CRMP Area VI and LLU at LLU. Four weeks or more, scheduled by arrangement. Bedside and classroom training, practical aspects of clinical care and management. 160 hrs. Contact: LLU.

Continuously—**Basic Home Course in Electrocardiography.** One year postgraduate series, ECG interpretation by mail. Physicians may register at any time. \$100 (52 issues). Contact: USC.

Continuously—**Training in the Procedure of Tonometry.** Northern California Society for the Prevention of Blindness at the Glaucoma Screening Clinic, San Francisco. Weekly Saturday morning program in tonometry for internists and general practitioners. Advance appointment required, no charge. 3 hrs. Contact: Frederic S. Weisenheimer, Ed.D., Exec. Dir., NCSFB, 4200 California St., San Francisco 94118. (415) 387-0934.

Continuously—**Medico-Surgical Cardiovascular Seminar.** STAN at Fresno Community Hospital and Valley Medical Center, Fresno. Third Thursday of each month, lectures, demonstrations, seminar discussion, and rounds. Designed specifically for a selected group of physicians from the Fresno area. Other physicians invited to participate. Contact: William Angell, M.D., Division of Cardiovascular Surgery, Dept. of Surgery, Palo Alto VA Hospital, 3901 Miranda Ave., Palo Alto 94306. (415) 326-5600.

Continuously—**Cardiology Conferences—CRMP Area III.** Monthly, 2:30-5:30 p.m. at Room M112, Stanford Medical Center, Stanford. Conferences including case presentations of local complicated cardiological problems. Contact: William J. Fowkes, Jr., M.D., 703 Welch Road, Suite G1, Palo Alto 94304. (415) 321-1200, ext. 6015.

Grand Rounds—Medicine

Tuesdays

8:30-10:00 a.m., Assembly Hall, Harbor General Hospital, Torrance. UCLA.

Neurologist in Chief Rounds. 12:30 p.m., 6 East, University Hospital of San Diego County, San Diego. UCSD.

Wednesdays

8:00 a.m., A Level Amphitheater, LLU Hospital, LLU.

Neurology. 8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

10:30-12:00 noon. Auditorium, Medical Sciences Building. UCSF.

11:00 a.m., Room 1645, Los Angeles County-USC Medical Center. USC.

12:30 p.m., Auditorium, School of Nursing, Orange County Medical Center. UCI.

12:30-1:30 p.m., University Hospital, UCSD.

12:30-1:30 p.m., Building 22, VA Hospital, Sepulveda.

Thursdays

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.
10:30-12:00 noon, Room 33-105, UCLA Medical Center. UCLA.
Neurology. 12:30 p.m., University Hospital of San Diego County, San Diego. UCSD.

Fridays

8:00 a.m., Courtroom, Third Floor, Kern County General Hospital, Bakersfield. CRMP Area IV.
8:30 a.m., Auditorium, Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles. CRMP Area IV.
Neurology. 10:15 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.
1st and 3rd Fridays, 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. CRMP Area IV.
1:15 p.m., Lieb Amphitheater, Timken-Sturgis Research Bldg., La Jolla. Scripps Clinic and Research Foundation.
Rheumatology. 11:45 a.m., Room 6441, Los Angeles County-USC Medical Center, Los Angeles. USC.

MENTAL RETARDATION

September 27—**Professional Approaches to Mental Health Services for the Retarded.** Center for Training in Community Psychiatry and Mental Health Administration, Berkeley. Mondays through December 13, 1-6 p.m. 55 hrs. Contact: Portia Bell Hume, M.D., Dir., CTC PMHA, 2045 Dwight Way, Berkeley 94704. (415) 848-8281.

OBSTETRICS AND GYNECOLOGY

August 15-18—**Fourth Annual Advanced Seminar in Obstetrics and Gynecology.** UCLA at UCLA Residential Conference Center, Lake Arrowhead. Sunday-Wednesday. 24 hrs.

September 15-17—**Fetal Monitoring.** USC. Wednesday-Friday.

September 16-18—**Gynecologic Medicine and Endocrinology.** UCSF at Hilton Hotel, San Francisco. Thursday-Saturday. CNS Control of Reproductive Function, Pharmacology of the Estrogens and Progestins, Control of Populations, Endocrinology of Puberty, Oral Contraception and the Vascular System, Pre- and Postabortal Counseling, Chronic and Recurring Vaginal Infections, Evaluation of Urinary Incontinence, Vulvar Dysmorphies, Dysplasias of the Vagina and Cervix, Celioscopy, Diagnostic Uses of Ultrasound, Pelvic Pain, Ovarian Function in Gynecologic Endocrinopathies, Clinical Use of Gonatropin Assays, Common Secondary Amenorrheas, Endocrine Pathology of the Endometrium, Clinical Management of the Post-Menopausal Woman, Viral Infections of the lower Genital Tract. \$70. 15½ hrs.

October 9—**Eleventh Annual Fall Seminar in Obstetrics and Gynecology.** Shufelt Society of Santa Clara County at County Board of Supervisors Chambers, San Jose. Saturday. \$20. 6 hrs. Contact: Richard D. Sheehan, M.D., Vice President, Shufelt Society, 15955 Samaritan Dr., San Jose 95124. (408) 356-9171.

October 28-30—**Obstetrics Review.** USC. Thursday-Saturday.

November 3-7—**Nineteenth Annual Meeting on Reproductive Physiology.** See Medicine, November 3-7.

Grand Rounds—Obstetrics and Gynecology

Mondays

10-11:30 a.m., Assembly Room, First Floor, Harbor General Hospital, Torrance. UCLA.
10:30 a.m., Auditorium, Womens Hospital, Los Angeles County-USC Medical Center, Los Angeles. USC.
11:30 a.m., First Floor Auditorium, Room 13-105, UCLA Medical Center. UCLA.
12:00 noon, A Level Amphitheater, LLU Hospital, LLU

Wednesdays

8:00 a.m., Conference Room, Sacramento Medical Center, Sacramento. UCD.

Fridays

8:00 a.m., Auditorium, Orange County Medical Center. UCI.

Saturdays

8:00 a.m., Executive Dining Room, University Hospital of San Diego County, San Diego. UCSD.

PEDIATRICS

October 6-7—**Twenty-Eighth Annual Brenneman Memorial Lectures.** Los Angeles Pediatric Society at Sportsmen's Lodge, North Hollywood. Wednesday-Thursday. Viral vaccines, viruses and disease, antibiotics, respiratory viral disease, non-bacterial infections of the central nervous system, clinically distinguishable syndromes due to viruses, the abuse of sodium bicarbonate therapy in neonatal acidosis, etiology of hyperbilirubinemia and its management in the neonatal period, differential diagnosis of biliary atresia and neonatal hepatitis, toxicity of phototherapy in neonatal hyperbilirubinemia. Contact: Mrs. Eve Black, Exec. Sec., LAPS, P.O. Box 2022, Inglewood 90305. (213) 753-3704.

October 8-9—**Childhood Trauma.** Childrens Hospital Medical Center of Oakland at Highlands Inn, Carmel. Friday-Saturday. Contact: Inetta Carty, Childrens Hospital Medical Center, 51st and Grove Sts., Oakland 94609. (415) 654-5600.

October 16-17—**Pediatric Neurology.** See Medicine, October 16-17.

November 8-12—**Pediatric Allergy—Workshop Course.** UCSF. Monday-Friday. \$125. 32½ hrs.

November 15-17—**Chest Diseases in Children.** See Medicine, November 15-17.

November 16-18—**Newborn Infant Care.** USC. Tuesday-Thursday.

November 20-21—**Health of the School Child.** UCSF. Saturday-Sunday.

Continuously—Pediatric Conference. Cedars-Sinai Medical Center, Los Angeles. Thursdays weekly, 8:30-9:30 a.m. 1 hr. Contact: B. M. Kagan, M.D., Cedars-Sinai Medical Center, 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111, ext. 181.

Grand Rounds—Pediatrics

Tuesdays

8:00 a.m., Childrens Hospital Medical Center, Oakland.

8:30 a.m., Auditorium, Childrens Division Building, Los Angeles County-USC Medical Center, Los Angeles. USC.

8:30 a.m., Room 4-A, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:30 a.m., Pathology Auditorium, San Francisco General Hospital.

8:30 a.m., University Hospital of San Diego County, San Diego. UCSD.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU.

Wednesdays

8-9:00 a.m., held alternately at Auditorium, Orange County Medical Center and Auditorium, Childrens Hospital of Orange County. UCI.

8:30 a.m., Bothin Auditorium, Childrens Hospital, San Francisco.

Thursdays

8:30-10:00 a.m., Room 664, Science Building, UCSF.

8:30-9:30 a.m., Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles.

8:30 a.m., First Floor Auditorium, Harbor General Hospital, Torrance.

Fridays

8:00 a.m., Lecture Room, A Floor, Health Sciences Center, UCLA. CRMP Area IV.

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

8-9:00 a.m., Lecture Hall, Childrens Hospital of Los Angeles.

8:30 a.m., Room M104, Stanford University Medical Center, STAN.

Infectious Disease. 10:00 a.m., Auditorium, Childrens Division Building, Los Angeles County-USC Medical Center, Los Angeles. USC.

PSYCHIATRY

August 16-27—Introduction to Mental Health Program Evaluation. Center for Training in Community Psychiatry and Mental Health Administration, Berkeley. Two weeks. Contact: Portia Bell Hume, M.D., Dir., CTCPMHA, 2045 Dwight Way, Berkeley 94704. (415) 848-8281.

August 20-22—International Transactional Analysis Summer Conference. International Transactional Analysis Association at Claremont Hotel, Berkeley. Friday-Sunday. Preceded by introductory course (8 hrs.) in transactional analysis. \$50. Contact: Exec. Sec., ITAA, 3155 College Ave., Berkeley 94705. (415) 653-1420.

September 28—Development of Research Instruments for Program Evaluation. Center for Training in Community Psychiatry and Mental Health Administration, Berkeley. Tuesdays through December 14, 1-6 p.m. Contact: Portia Bell Hume, M.D., Dir., CTCPMHA, 2045 Dwight Way, Berkeley 94704. (415) 848-8281.

September 29—Mental Health Functions of Community Resources. Center for Training in Community Psychiatry and Mental Health Administration, Berkeley. Wednesdays through December 15, 1-6 p.m. Contact: Portia Bell Hume, M.D., Dir., CTCPMHA, 2045 Dwight Way, Berkeley 94704. (415) 848-8281.

September 30—Community Organization for Mental Health. Center for Training in Community Psychiatry and Mental Health Administration, Berkeley. Thursdays through December 16, 1-6 p.m. Contact: Portia Bell Hume, M.D., Dir., CTCPMHA, 2045 Dwight Way, Berkeley 94704. (415) 848-8281.

October 1—Crisis Intervention, Case-Finding and Habilitation of Handicapped Children and Youth. Center for Training in Community Psychiatry and Mental Health Administration, Berkeley. Fridays through December 17, 1-6 p.m. Contact: Portia Bell Hume, M.D., Dir., CTCPMHA, 2045 Dwight Way, Berkeley 94704. (415) 848-8281.

October 7-9—The Brain Chemistry and Behavior of Motivation, Mood, and Memory. UCSF. Thursday-Saturday. \$75. 15 hrs.

October 16—Psychiatry and the Hippie Culture. UCSF. at Preston Hall, Presbyterian Church, Mendocino. Saturday. \$20.

October 18-22—Group Therapy Seminar. UCSF at VA Hospital, Oakland. Monday-Friday. \$30 full program, \$6 single day.

October 30—What is the Future of Psychiatry. UCSD. Saturday. \$35. 6 hrs.

November 6-7—Treatment of Families in Crises. UCSF at Stockton State Hospital, Stockton. Saturday-Sunday.

Continuously—Eric Berne Seminar of San Francisco. International Transactional Analysis Association at 2709 Jackson St., San Francisco. Tuesday evenings. 8:30 p.m. Contact: Dr. John Dusay, President, 2709 Jackson St., San Francisco 94115. (415) 346-4082.

Grand Rounds—Psychiatry

Wednesdays

10:30 a.m., Sacramento Medical Center, Sacramento. UCD.

RADIOLOGY—PATHOLOGY

October 14-16—Liquid Scintillation. Counting for Radioisotope Measurement. UCSF. Thursday-Saturday.

November 6—**Radiotherapy Symposium—Carcinoma of the Breast.** Southern California Permanente Medical Group at Ambassador Hotel, Los Angeles. Saturday. Contact: Shirley Gach, Coordinator, Education and Research, SCPMG, Room 6014, 4900 Sunset Blvd., Los Angeles 90027. (213) 663-8411.

Continuously—**UCSF Radiology Rounds, Seminars, and Conferences.** Weekly meetings October-May. Department of Radiology, UCSF. Open to all physicians without charge. Radiology Chest Conferences, Angiocardiology Rounds, Diagnostic Radiology Seminars, Neuroradiology Seminars, Radiation Therapy Seminars. For schedule information contact: UCSF.

Continuously—**Principles and Clinical Uses of Radioisotopes.** UCSF. Fundamentals for the proper understanding and use of radioactivity in clinical medicine. Training in diagnostic and therapeutic uses of radioisotopes. Normal period of training: 3 months. Two part course: Part A, Basic Fundamentals; Part B, Clinical Applications.

Continuously—**Scintillation Camera Workshop.** UCSF. Workshops provided for physicians and nuclear medicine technologists by special arrangement, limited to 30 trainees per workshop. One or two day intensive training periods, basic instruction in scintillation camera theory, scintigraphic principles and scintigraphic interpretations. \$50. Contact: UCSF.

Continuously—**Scintigraph Interpretation.** UCSF and Nuclear Medicine Section, Department of Radiology, UCSF. By special arrangement, designed to furnish physicians with an opportunity to participate in the daily activities of a university laboratory. Two-week training period participation in daily interpretation conferences, correlation conferences, routine training conferences. \$175. Contact: UCSF.

Grand Rounds—Radiology-Pathology

Mondays

Pathology. 12:30 p.m., Sacramento Medical Center, Sacramento. UCD.

Fridays

Neuroradiology. 9:30 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto, STAN.

SURGERY—ANESTHESIOLOGY

August 26-28—**Western Section, Association for Research in Vision and Ophthalmology.** Western Section, Association for Research in Vision and Ophthalmology at UCSF. Thursday-Saturday. Contact: Robert A. Nozik, M.D., Local Chairman, ARVO, Department of Ophthalmology, UCSF. (415) 666-9000.

September 14—**Postgraduate Refresher Course on Orthopaedic Surgical Anatomy (Lower Extremity).** Southern California Division, International College of Surgeons at Orthopaedic Hospital, Los Angeles. Tuesday evenings through November 16, 7-9 p.m. Prosections by surgical anatomist, cadaveric surgery, clinical discussions. Enrollment limited to 20. \$120. 20 hrs. Contact: Darline Murphy, Exec. Sec., SCDICS, 136 N. Brighton, Burbank 91506. (213) 846-0669.

September 15-18—**San Francisco International Ophthalmic Microsurgical Congress II.** Eye Foundation of California at San Francisco Eye and Ear Hospital and Fairmont Hotel, San Francisco. Wednesday-Saturday. Contact: John P. Beale, Jr., M.D., San Francisco Eye and Ear Hospital, 1801 Bush St., San Francisco 94109. (415) 567-6100.

September 16—**Postgraduate Refresher Course—General Surgical Anatomy.** Southern California Division, International College of Surgeons at Orthopaedic Hospital, Los Angeles. Thursday evenings through November 4, 7-9 p.m. Prosections and cadaveric surgery by surgical anatomist, clinical discussions. Enrollment limited to 20. \$100. 16 hrs. Contact: Darline Murphy, Exec. Sec., SCDICS, 136 N. Brighton, Burbank 91506. (213) 846-0669.

September 16—**Postgraduate Refresher Course—Surgical Anatomy of the Head and Neck.** Southern California Division, International College of Surgeons at Orthopaedic Hospital, Los Angeles. Thursday evenings through November 4, 7-9 p.m. Prosections and cadaveric surgery by surgical anatomist, clinical discussions. Enrollment limited to 20. \$100. 16 hrs. Contact: Darline Murphy, Exec. Sec., SCDICS, 136 N. Brighton, Burbank 91506. (213) 846-0669.

September 18-19—**Children's Foot, Ankle and Leg Problems.** American Academy of Orthopaedic Surgeons and UCSF at Jack Tar Hotel, San Francisco. Saturday-Sunday. Biomechanics of the Foot and Ankle, Rotational Deformities of the Lower Limbs, Congenital Anomalies of the Foot, Static Foot Deformity in Children, Indications and Timing of Foot Surgery. \$150. Contact: Robert L. Samilson, M.D., 3850 California St., San Francisco 94118. (415) 922-1313.

September 24-25—**Vascular Surgery.** UCSF. Friday-Saturday.

October 10-14—**Western Orthopaedic Association.** Century Plaza Hotel, Los Angeles. Contact: Vi Mathieson, Exec. Sec., WOA, 354 21st St., Oakland 95612. (415) 893-1257.

October 15—**Rx and Dx of Knee Derangements.** UCSF and Mt. Zion Hospital and Medical Center at Mt. Zion, San Francisco. Friday.

October 28-30—**Strabismus.** PMC. Thursday-Saturday.

October 29—**Orthopaedics Symposium—Treatment of Degenerative Disease of the Knee.** Southern California Permanente Medical Group at Hilton Hotel, Los Angeles. Friday. Contact: Shirley Gach, Coordinator, Education and Research, SCPMG, Room 6014, 4900 Sunset Blvd., Los Angeles 90027. (213) 663-8411.

November 6—**Painful Feet and Injured Ankles.** PMC. Saturday.

November 10—**Program on Vascular Surgery.** LLU. Wednesday.

Continuously—**Orthopaedic Audio-Synopsis Foundation.** A non-profit service for Orthopaedic Surgeons publishing monthly recorded teaching programs which include summaries of pertinent literature and excerpts from leading national and international meetings. Twelve monthly c-60 cassette tapes. Annual subscription rate \$72. (\$50 for residents). Contact: J. Tonn, Managing Editor, OASF, 6317 Wilshire Blvd., Los Angeles 90048. (213) 986-0131.

Grand Rounds—Surgery

Tuesdays

Orthopedic Surgery. 9:00 a.m., Sacramento Medical Center, Sacramento. UCD.

Urology. 7:30 a.m., Sacramento Medical Center, Sacramento. UCD.

Wednesdays

7:15 a.m., Auditorium, Kern County General Hospital, Bakersfield. CRMP Area IV.

1st and 3rd Wednesdays. 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. CRMP Area IV.

3:00 p.m., Sacramento Medical Center, Sacramento. UCD.

Thursdays

Neurology and Neurosurgery. 11:00-12:15, Room 663, Science Building, UCSF.

Fridays

1-2:00 p.m., Auditorium, Orange County Medical Center, Orange. UCI.

Neurosurgery. 11:15 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto, STAN.

Saturdays

8:00 a.m., Auditorium, 1st floor, University Hospital of San Diego County, San Diego. UCSD.

Urology. 8:00 a.m., 3rd floor conference room, University Hospital of San Diego County, San Diego. UCSD.

8:30 a.m., Assembly Room, Harbor General Hospital, Torrance. CRMP Area IV.

9:00 a.m., Room 73-105, Health Sciences Center, UCLA. CRMP Area IV.

OF INTEREST TO ALL PHYSICIANS

August 21-28—**Diving Medicine Course.** National Association of Underwater Instructors at Royal Inn at the Wharf, San Diego. One week. Contact: Nauti Headquarters, 22809 Barton Road, Colton 92324. (714) 783-1862.

August 23—**Sixth Annual Meeting—North American Academy of Manipulative Medicine.** North American Academy of Manipulative Medicine and USC at Kauai Surf Hotel, Kauai. Monday. Contact: USC.

August 23-26—**American Hospital Association.** Civic Auditorium, San Francisco. Monday-Thursday. Contact: Edwin L. Crosby, M.D., Exec. Vice-Pres., AHA, 840 N. Lakeshore Dr., Chicago 60611. (312) 645-9400.

September 16—**Bedside Clinics.** USC. Thursday evenings through December 9.

September 17-18—**California Society of Physical Medicine and Rehabilitation.** Biltmore Hotel, Santa Barbara. Friday-Saturday. Rheumatoid Arthritis—Current Concepts in Management. \$25. Contact: Harris Meisel, M.D., Memorial Rehabilitation Foundation, Santa Barbara County General Hospital Pavilion, P.O. Box 3650, Santa Barbara 93105. (805) 967-2311.

September 21—**Emergency Care.** USC. Tuesday evenings through December 7.

September 22—**Cedars-Sinai Alumni Association Symposium.** Century Plaza Hotel, Los Angeles. Wednesday. Contact: Mrs. Barbara Markell, Cedars-Sinai Alumni Sec., Cedars-Sinai Alumni Assoc., 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111.

September 22-26—**Pan American Medical Women's Alliance XIII Congress.** Pan American Medical Women's Alliance at Sir Francis Drake Hotel, San Francisco. Wednesday-Sunday. Medical Challenges of the Mid-70's. Contact: Marjory Folinsbee, M.D., 33 Park Hill, San Francisco 94117. (415) 431-8285.

September 26—**Symposium on Clinical Problems in Medicine and Surgery.** Tulare County Medical Society at Visalia Elks Lodge No. 1298, Visalia. Sunday. Contact: George Skaff, M.D., Visalia Medical Clinic, 1821 Meadow Lane, Visalia 93277. (209) 734-7461.

September 28-29—**Computer Program.** USC. Tuesday-Wednesday.

October 1-2—**Western Industrial Medical Association.** Jack Tar Hotel, San Francisco. Friday-Saturday. Contact: Mr. B. H. Bravinder, Exec. Sec., WIMA, 2180 Milvia St., Berkeley 94704. (415) 845-3355.

October 3—**Granada Hills Community Hospital—Third Annual Symposium: Diagnosis and Management of the Solitary Pulmonary Nodule.** Granada Hills Community Hospital and USC at Speech Drama Building, San Fernando Valley State College. Sunday. Contact: Arno A. Roscher, M.D., Granada Hills Community Hospital, 10421-10445 Balboa Blvd., Granada Hills 91344. (213) 360-1021.

October 3—**Symposium for Medical Assistants.** UCSF. Sunday.

October 4—**Sex: Past, Present, and Future.** UCSF. Mondays through November 8.

October 5—**Evening Lectures in Medicine.** UCSF at Oakland Hospital, Oakland. Tuesday evenings through December 7, except November 9.

October 13—**Seventh Annual Medical Seminar.** Pacific Hospital of Long Beach, Long Beach. Wednesday. \$10. 4 hrs. Contact: Mrs. Laura Tondreault, Public Relations Dir., Pacific Hospital of Long Beach, 2776 Pacific Ave., Long Beach 90806. (213) 595-1911.

October 16—**Recent Advances in the Management of Chronic Crippling Disease.** UCSF at Childrens Hospital and Adult Medical Center, San Francisco. Saturday.

October 16-17—**Senescence and Adolescence.** UCSF at Napa State Hospital, Imola. Saturday-Sunday.

October 21-23—**Arizona Academy of General Practice Scientific Assembly.** Arizona Academy of General Practice and UCI at Bahia Motor Hotel, San Diego. Thursday-Saturday. Contact: UCI.

October 27—**First Annual St. Vincent's Hospital Staff Symposium.** St. Vincent's Hospital, Los Angeles. Wednesday. Monitoring and Management of the Critically Ill Patient. Contact: Louis C. Bennett, M.D., Chmn., Symposium Comm., St. Vincent's Hospital, 2131 W. Third St., Los Angeles 90057. (213) 483-8000.

October 30—**Symposium on Problems Affecting Professional Liability.** Palo Alto Medical Research Foundation and Palo Alto Medical Clinic at Rickey's Hyatt House, Palo Alto. Saturday. Contact: Kenneth Campbell, M.D., Palo Alto Medical Clinic, 300 Homer Ave., Palo Alto 94305. (415) 321-4121.

October 30-31—**Law in the Practice of Medicine.** UCSF at Fresno Community Hospital, Fresno. Saturday-Sunday.

November 1-5—**Intensive Care.** STAN. Monday-Friday.

November 7-10—**California Academy of General Practice—Annual Meeting.** California Academy of General Practice at Masonic Auditorium, San Francisco. Sunday-Wednesday. Contact: William Rogers, Exec. Sec., CAGP, 9 First St., San Francisco 94105. (415) 982-6091.

November 13—**Facial Pain.** PMC. Saturday.

November 13-14—**Financial, Tax and Investment Planning.** UCLA. Saturday-Sunday.

Continuously—**Disease of the Month.** UCI. Second Saturday monthly. Endocrinology, Neurology, Cardiology, Hematology, Dermatology, Gastroenterology, Rheumatoid Disease. \$175 entire course, \$20 each session.

Continuously—**Dynamics of the Family—Psychiatry.** UCI at Orange County Medical Center, Orange. \$200, September through June.

Continuously—**Inter-Hospital Conference.** UCSD. Radiology main conference room, UCSD. Participating hospitals from the San Diego area.

Continuously—**Postgraduate Medical Lecture Series—Riverside San Bernardino.** UCI and Riverside San Bernardino Chapter, California Academy of General Practice at Rams Horn Inn, San Bernardino. Monthly, September through May.

Continuously—**Ventura Hospital Program.** UCI and Ventura Hospital at Ventura Hospital, Ventura. Monthly, September through January.

Continuously—**Courses Practicum.** UCI at Orange County Medical Center, Orange. Two days per month, September through June. \$35 per session.

Continuously—**Paradise Valley Hospital—Community Continuing Education Program.** UCSD, LLU and Paradise Valley Hospital General Practice Section at Paradise Valley Hospital, National City. Tuesday evenings, September-November. September 14—Investigation and Management of Patient with Anemia, September 28—Diabetes Management, October 12—Diagnosis and Management of Urinary Infections, October 19—Interpretation of Ventilatory Function Tests, October 26—Disorders of Bleeding and Clotting, November 9—Diagnosis and Management of Skin Problems. \$40. 12 hrs. Contact: UCSD.

Continuously—**Basic Science Correlation in Disease.** VA Hospital, Sepulveda. Wednesday evenings, September 16-June 23. Contact: Michael Geokas, M.D., Ph.D., Chief, Medical Service, VA Hospital, Sepulveda 91343. (213) 894-8271.

Continuously—**Basic Science Lecture Series.** UCSD. Mondays, 4:00 p.m., third floor conference room, University Hospital of San Diego County, San Diego. Contact: UCSD.

Continuously—**Audio-Digest Foundation.** A non-profit subsidiary of CMA. Twice-a-month tape recorded summaries of leading national meetings and surveys of current literature. Services by subscription in: General Practice, Surgery, Internal Medicine, Ob/Gyn, Pediatrics, Anesthesiology, Ophthalmology, Otorhinolaryngology. Catalog of lectures and panel discussions in all areas of medical practice also available. Contact: Mr. Claron L. Oakley, Editor, 619 S. Westlake Ave., Los Angeles 90057.

Continuously—**Medical Media Network** (formerly Medical Television Network) has discontinued Southern California "scrambled" broadcasting in favor of a film and videotape distribution system. Subscriptions for all California hospitals, rental or purchase. Provides physicians throughout the State with current educational programs in local hospitals. Programs in: Diagnosis of Down's Syndrome, Hemodynamic Monitoring—Intra-Arterial Catheters, Coma, Alcoholism, Malpractice, Emphysema, Food Allergies, The Overweight Patient, Headache. Consult the nearest MMN Hospital regarding time and date for viewing. Programs and study guides developed cooperatively by all California medical schools. Contact: Richard R. Getz, Exec. Dir., MMN, 10962 Le Conte Ave., Los Angeles 90024. (213) 825-2071.

Continuously—**Postgraduate Education Program—Harbor General Hospital.** Harbor General Hospital and CRMP Area IV at Harbor General Hospital, Torrance. Practicing physicians invited to participate one-half day weekly over a two-month period in a selected medical or surgical sub-specialty clinic. Patient care, teaching exercises, discussion. Medical clinics currently available: Allergy, Arthritis, Cardiology, Dermatology, Endocrinology, Diabetes, Gastroenterology, Hematology, Neurology, Medical Oncology, Chest, and Renal Hypertension. Surgical sub-specialties also available. Current schedule: June-July, August-September. \$50. 27 hrs. Contact: Malin Dollinger, M.D., Program Director, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1257.

Continuously—**Stanford Speaker's Bureau for Environmental Topics.** Stanford University Committee for Environmental Information. Provides on request speakers and programs on environmental topics. Air pollution, water pollution and water conservation issues, radiation hazards and radiation technology, environmental radiation standards and nuclear power plants, overpopulation, abortion and contraception, technological problems of power generation in the United States, pesticides and their ecological problems, medicine's responsibilities in the environmental-ecology crisis and supersonic transport. Contact: John W. Farquhar, M.D., Assoc. Prof. of Medicine, STAN.

Continuously—**Stanford-Mills Memorial Hospital Continuing Education Program.** STAN at Mills Memorial Hospital, San Mateo. Tuesday-Friday weekly. Basic Science for the Clinician, Grand Rounds, Intensive Care. Contact: STAN.

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Precautions: Should be used with caution in patients who have glaucoma. Tolerance to this drug, and cross-tolerance to other nitrites and nitrates may occur.

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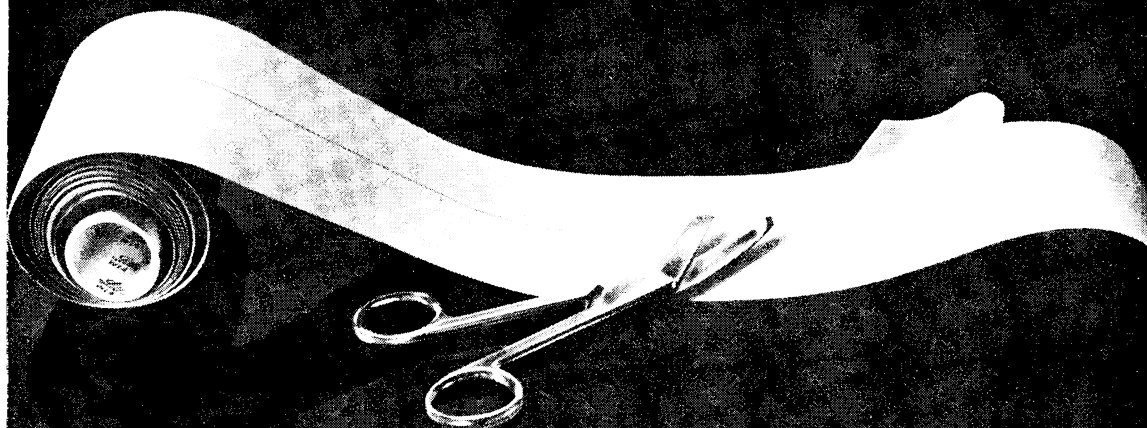
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(Continued on page 34)

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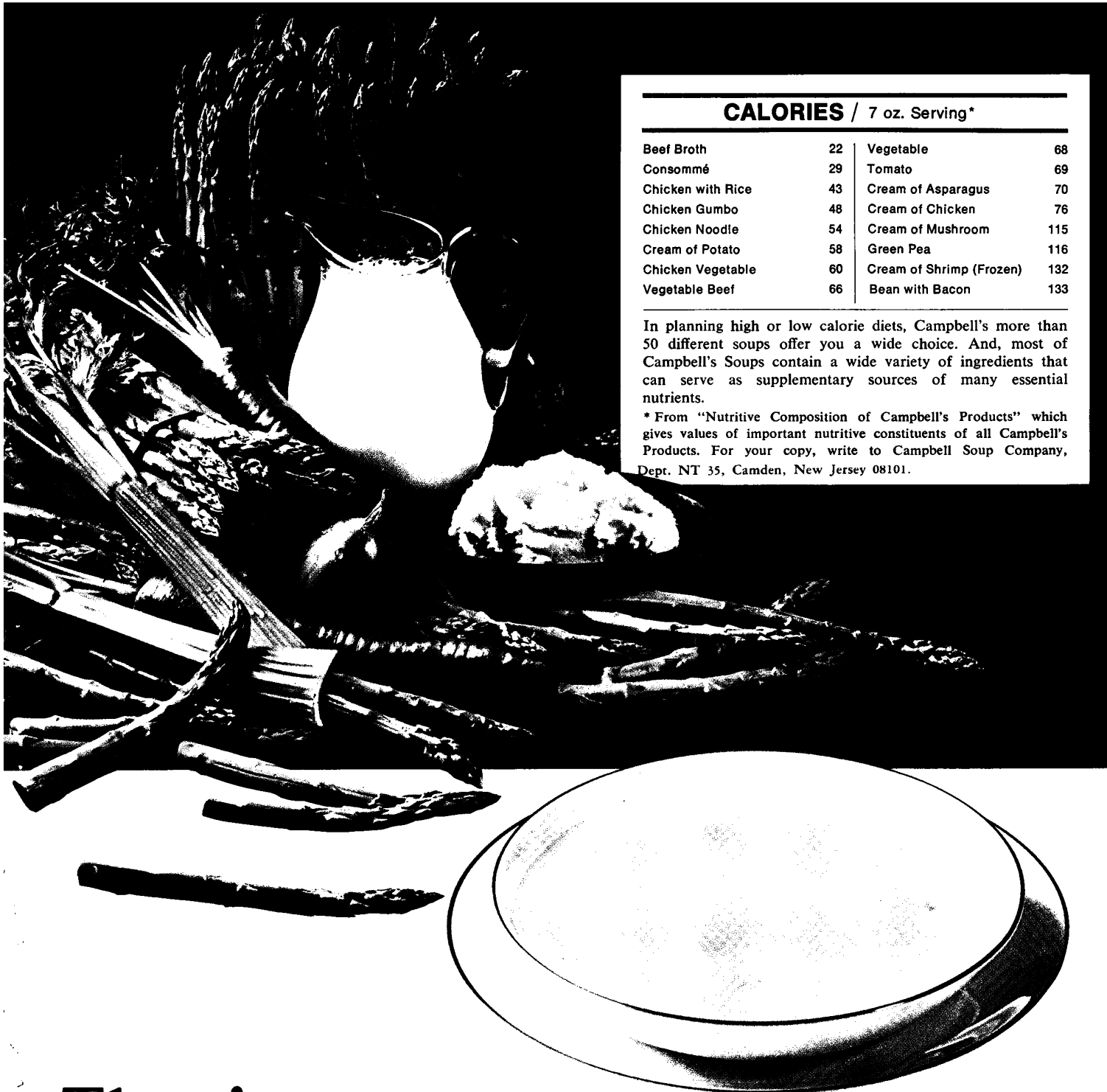


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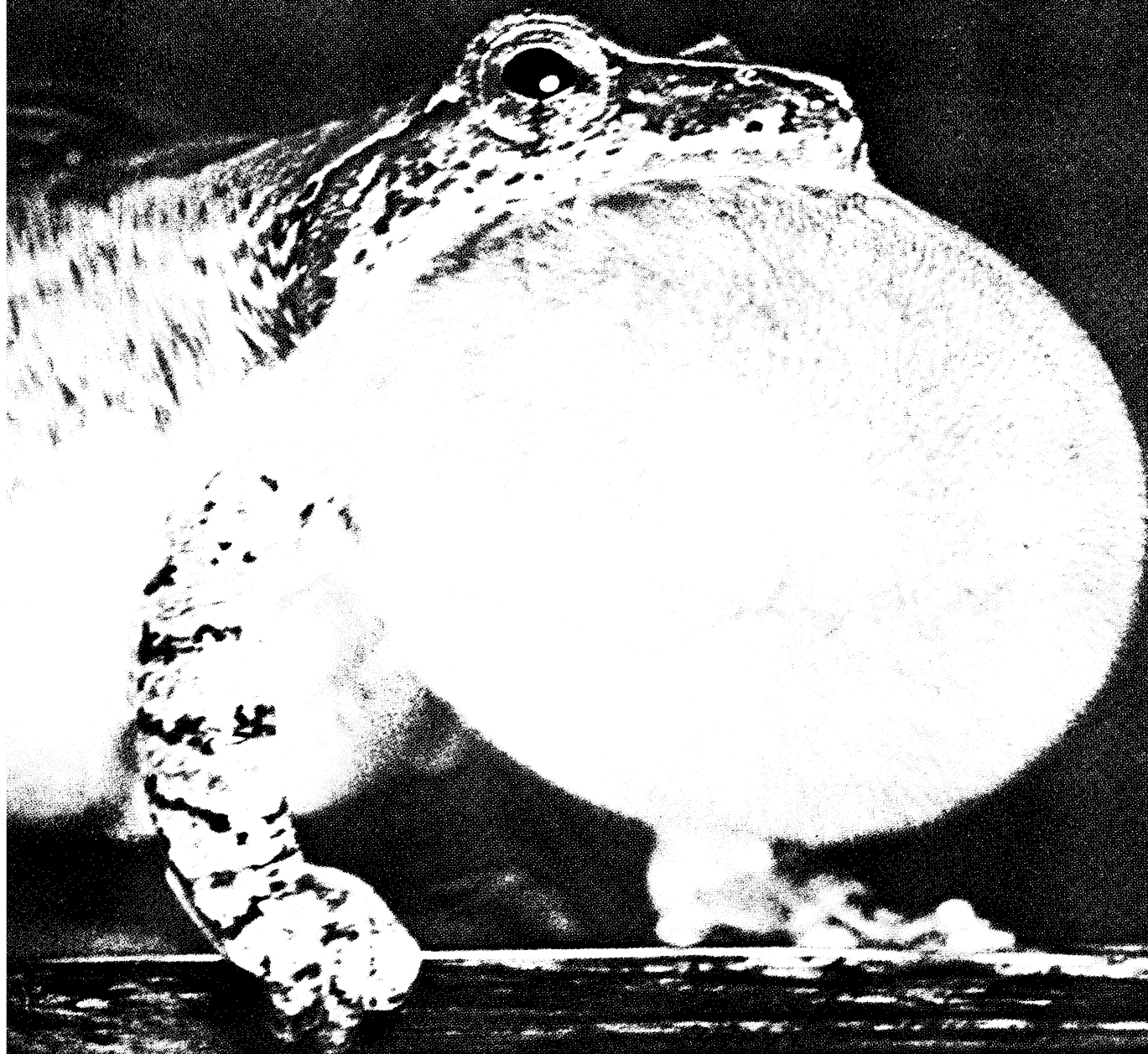


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Composition: Each chewable, fruit-flavored, scored tablet contains: 16 mg. phenobarbital (warning: may be habit-forming); 0.1 mg. hyoscyamine sulfate; 0.02 mg. atropine sulfate; 0.007 mg. scopolamine hydrobromide; 40 mg. simethicone.

Contraindications: Hypersensitivity to barbiturates or belladonna alkaloids, glaucoma, advanced renal or hepatic disease.

Precautions: Administer with caution to patients with incipient glaucoma, bladder neck obstruction or uri-

nary bladder atony. Prolonged use of barbiturates may be habit-forming.

Side effects: Blurred vision, dry mouth, dysuria, and other atropine-like side effects may occur at high doses, but are only rarely noted at recommended dosages.

Dosage: Adults: One or two tablets three or four times daily. Dosage can be adjusted depending on diagnosis and severity of symptoms. Children 2 to 12 years: One half or one tablet three or four times daily. Tablets may be chewed or swallowed with liquids.

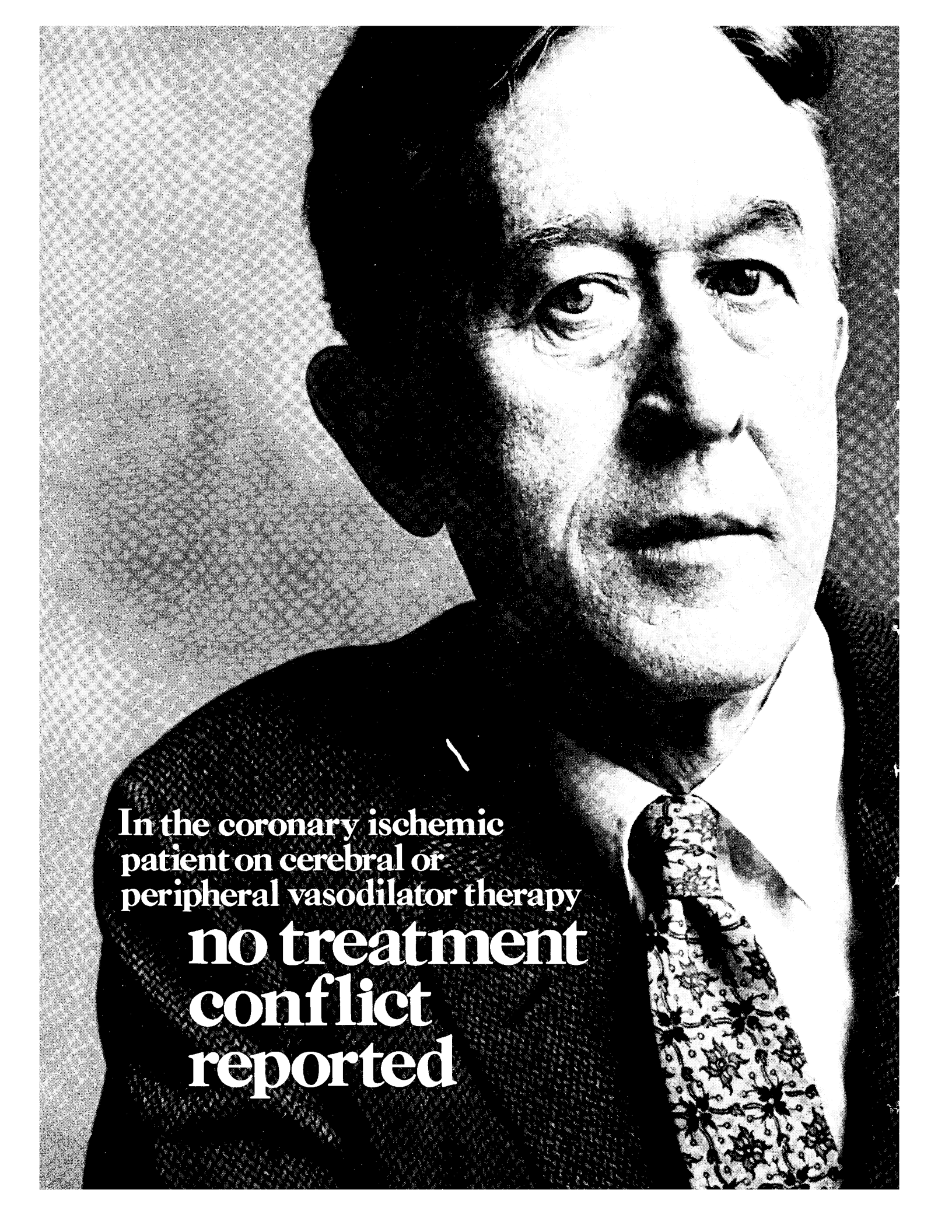


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In fact, there are no known contraindications in recommended oral doses other than it should not be given in the presence of frank arterial bleeding or immediately postpartum.

Although not all clinicians agree on the value of vasodilators in vascular disease, several investigators¹⁻⁴ have reported favorably on the effects of isoxsuprine. Effects have been demonstrated both by objective measurement^{1,4} and observation of clinical improvement.^{1,3}

Indications: Cerebrovascular insufficiency, arteriosclerosis obliterans, diabetic vascular diseases, thromboangiitis obliterans (Buerger's disease), Raynaud's disease, postphlebotic conditions, acroparesthesia, frostbite syndrome and ulcers of the extremities (arteriosclerotic, diabetic, thrombotic). **Composition:** VASODILAN tablets, isoxsuprine HCl 10 mg. and 20 mg. **Dosage:** Oral—10 to 20 mg. t.i.d. or q.i.d. **Contraindications and Cautions:** There are no known contraindications to recommended oral dosage. Do not give immediately postpartum or in the presence of arterial bleeding. **Side Effects:** Occasional palpitation and dizziness can usually be controlled by dosage reduction. Complete details available in product brochure from Mead Johnson Laboratories. **References:** (1) Clarkson, I. S., and LePere, D. M.: *Angiology* 11:190-192 (June) 1960. (2) Horton, G. E., and Johnson, P. C., Jr.: *Angiology* 15:70-74 (Feb.) 1964. (3) Dhrymotis, A. D., and Whittier, J. R.: *Curr. Ther. Res.* 4:124-128 (April) 1962. (4) Whittier, J. R.: *Angiology* 15:82-87 (Feb.) 1964.

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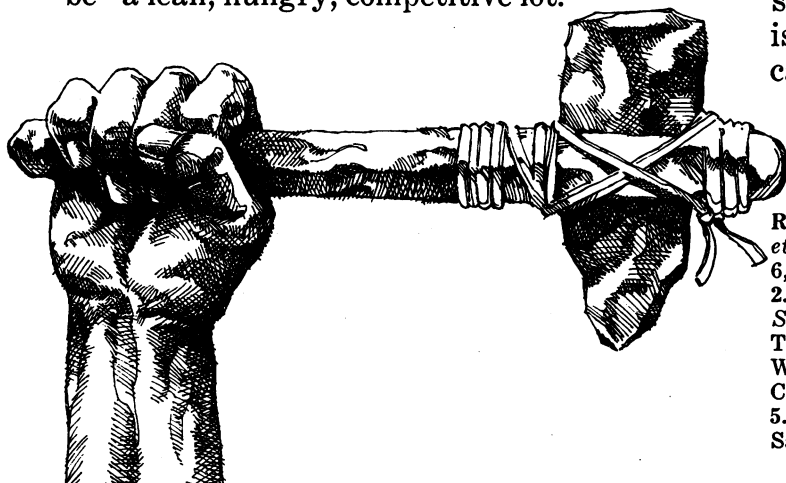


At least seventy-five out of one hundred adults with duodenal ulcers are men.¹

Why? It may be significant that duodenal ulcer patients tend to crave recognition and are "especially vulnerable to threats to their manly assertive independence."²

Hypersecretion—an atavistic response. Stewart Wolf, who, with Harold G. Wolff, studied the personalities of duodenal ulcer patients, wonders if masculine competitiveness is related to "an atavistic urge to devour an adversary." It is striking, he reports, that an accentuation of gastric acid secretion and motility can be "induced in ulcer patients by discussions that arouse feelings of inadequacy, frustration and resentment."²

By chance? A lean, hungry lot. Was the link between emotions and gastric hyperacidity acquired through mutation to serve a purpose? During man's jungle period of evolution, the investigator points out, a male dealt with a foe by killing and devouring it. "It may be more than coincidence," he concludes, that peptic ulcer patients appear to be "a lean, hungry, competitive lot."³



Big boys don't cry. If more men cried, maybe fewer would wind up with duodenal ulcers. But men will be men—the sum total of their genes and what they are taught. Schottstaedt observes that when a mother admonishes her son who has hurt himself that big boys don't cry, she is teaching him stoicism.⁴ Crying is the negation of everything society thinks of as manly. A boy starts defending his manhood at an early age.



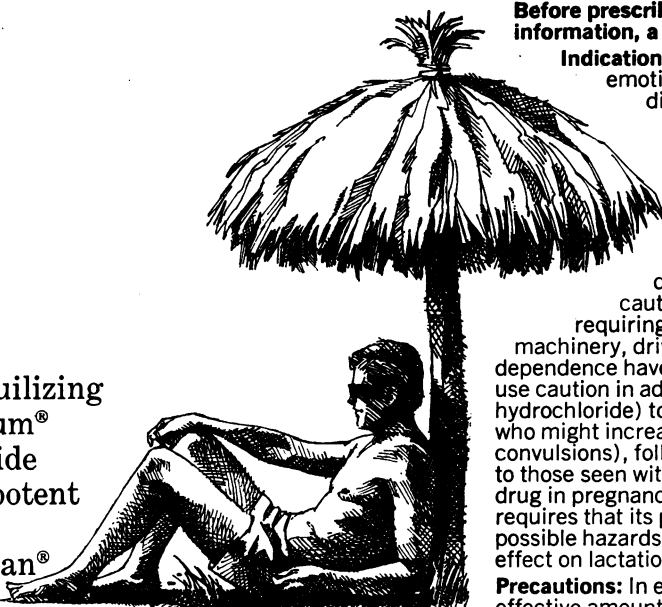
Take away stress, you can take away symptoms.

There is no question that stress plays a role in the etiology of duodenal ulcer. Alvarez⁵ observes that many a man with an ulcer loses his symptoms the day he shuts up the office and starts out on a vacation. The problem is, the type of man likely to have an ulcer is the type least likely to take long vacations or take it easy at work.

The rest cure vs. the two-way action of Librax.[®] For most patients, the rest cure is as unrealistic as it is desirable. Still, the stress factor must be dealt with. And here is where the dual action of adjunctive Librax can help. Librax is the only drug that com-

References: 1. Silen, W.: "Peptic Ulcer," in Wintrobe, M. M., et al. (eds.): *Harrison's Principles of Internal Medicine*, ed. 6, New York, McGraw-Hill Book Company, 1970, p. 1444. 2. Wolf, S., and Goodell, H. (eds.): *Harold G. Wolff's Stress and Disease*, ed. 2, Springfield, Ill., Charles C Thomas, 1968, pp. 68-69. 3. *Ibid.*, p. 257. 4. Schottstaedt, W. W.: *Psychophysiologic Approach in Medical Practice*, Chicago, Ill., The Year Book Publishers, Inc., 1960, p. 163. 5. Alvarez, W. C.: *The Neuroses*, Philadelphia, Pa., W. B. Saunders Company, 1951, p. 384.

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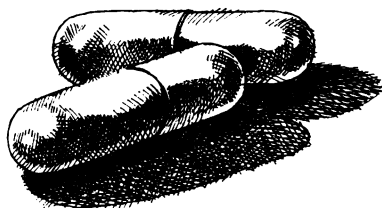


Protects man from his own hungry personality. The action of Librium reduces anxiety—helps protect the vulnerable patient from the psychological overreaction to stress that clutches his stomach. At the same time, the action of Quarzan helps quiet the hyperactive gut, decreasing hypermotility and hypersecretion.

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Librax: It can't change man's nature. But it can usually make it easier for men to cope with the discomfort of stress—both psychic and gastric—that can precipitate and exacerbate duodenal ulcer.

Librax: Rx #60 1 cap. *a.c.* and 2 *h.s.*



Before prescribing, please consult complete product information, a summary of which follows:

Indications: Indicated as adjunctive therapy to control emotional and somatic factors in gastrointestinal disorders.

Contraindications: Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide hydrochloride and/or clidinium bromide.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards. As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, over-sedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: No side effects or manifestations not seen with either compound alone have been reported with Librax. When chlordiazepoxide hydrochloride is used alone, drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally with chlordiazepoxide hydrochloride, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic agents, i.e., dryness of mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

in the treatment of
duodenal ulcer
adjunctive
Librax®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.



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(Continued from page 23)

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FAMILY PHYSICIAN AND GENERAL SURGEON in early 30's desire young aggressive associate in general practice in smog-free desert community of Twenty-nine Palms, California (one hour from Palm Springs). Community has ten-bed hospital and great need for another physician. Area planning for 100-bed hospital. Address inquiries to: 6370 Split Rock Ave., 29 Palms, Ca. 92277 or call (714) 367-3589.

ASSOCIATE IN GENERAL PRACTICE OR INTERNAL MEDICINE—I have modern 2-year-old office, built for 3 men, on grounds of modern 4-year-old hospital with complete facilities and ICU. I am 52, Diplomate of American Board of Family Practice. Woodland, Calif., is in rich Sacramento Valley with excellent general hunting and fishing. Only 20 minutes from Sacramento. (916) 662-8671.

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PHYSICIAN—18 years private practice, S.F., 2 years emergency surgeon, City of S.F., followed by 7 years experience as medical director, seeks position as staff physician. Capable of responsibilities in major and minor surgery, clinical, emergency, teaching and organization. Northern California, Tahoe, and Monterey Peninsula preferred. Brochure upon request. Box 9272, Calif. Med.

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EXCELLENT OPPORTUNITY FOR GENERAL PRACTICE in small farming community in San Joaquin Valley. Modern air-conditioned building suitable for one or two physicians. 1600 sq. ft., fully furnished with 100ma x-ray, diathermy, ekg. Price of \$36,500 includes building, furnishings, adjacent extra lot. Generous terms. William Wheaton, M.D., 1107-11th Avenue, Delano, Ca. 93215, or call collect (805) 725-1071.

FOR LEASE in Modesto—Medical suite, modern, air conditioned. Three treatment rooms, centrally located at 215 Needham Avenue. Phone (209) 523-3571.

(Continued on page 35)

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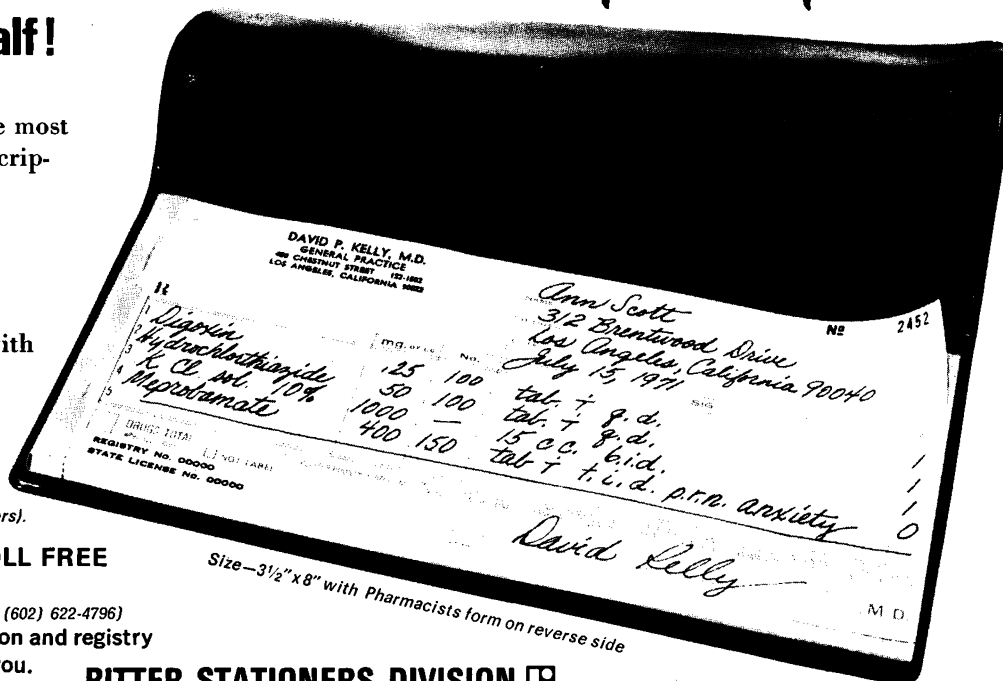
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Size—3½" x 8" with Pharmacists form on reverse side

(Continued from page 34)

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CHOICE CLOSED GENERAL PRACTICE in rapidly growing highly desirable Sacramento suburb. Share lab, X-ray, and on-call schedule with five other physicians. Net \$36,000 with no Ob and very little surgery or orthopedics. Ideal for two family practitioners, who could expand practice and each match my income with only 50 percent increase in gross, allowing more leisure and lighter work load for each. Owner leaving for academic appointment. Box 9274, Calif. Med.

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(Continued on page 39)

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Hotel on seashore at Torremolinos in heart
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a biguanide...
not a sulfonylurea

Lowers elevated blood sugar without increasing
endogenous insulin secretion.

Probably, secondary to its hypoglycemic effect,
decreases insulin oversecretion.
This may help to reduce lipogenesis and facilitate lipolysis,
which may account for the clinically reported
loss of excess body weight and lowering of elevated
serum cholesterol levels in overweight,
hypercholesteremic, stable adult diabetics
unresponsive to diet alone.

DBI[®]-TD

(phenformin HCl)

timed-disintegration capsules 50 mg.

lowers elevated blood sugar

How to prescribe DBI[®]-TD (phenformin HCl)

To start with DBI-TD

Week 1 1 capsule with breakfast may be effective, or a second capsule may be given with the evening meal.

Week 2 Continue effective DBI-TD dosage. If necessary, add an additional capsule to the A.M. or P.M. dose.

Thereafter Continue effective DBI-TD dosage.

To transfer from sulfonylurea therapy to DBI-TD alone: The first week, withdraw sulfonylurea; start with DBI-TD as indicated in the chart.

To transfer from sulfonylurea therapy to combined therapy with DBI-TD: The first week, continue dosage of sulfonylurea; add DBI-TD as indicated in the chart. When effective regulation of diabetes is attained, sulfonylurea may be reduced and/or withdrawn.

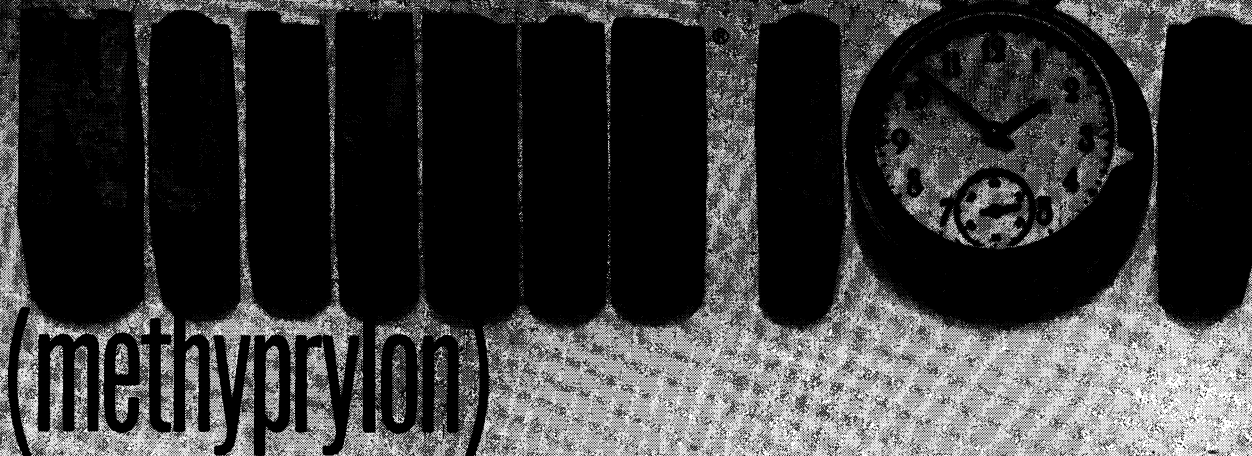
Indications: Stable adult diabetes mellitus; sulfonylurea failures, primary and secondary. **Contraindications:** Diabetes mellitus that can be regulated by diet alone; juvenile diabetes that is uncomplicated and well regulated on insulin; acute complications of diabetes (metabolic acidosis, coma, infection, gangrene); surgery; severe hepatic disease; renal disease with uremia; cardiovascular collapse, after disease states associated with hypoxemia. **Warning:** Use during pregnancy is to be avoided. Until adequate data on the effects of DBI on the human fetus are available, such use can be considered experimental. **Precautions:** **Starvation Ketosis**, which must be differentiated from "insulin lack" ketosis, and is characterized by ketonuria in spite of relatively normal blood and urine sugar, may result from excessive DBI therapy, excessive insulin reduction or insufficient carbohydrate intake. Adjustment of DBI-TD or insulin dosage, or supplying carbohydrates, alleviates this state. **DO NOT GIVE INSULIN WITHOUT FIRST CHECKING BLOOD AND URINE SUGARS.** **Lactic Acidosis:** DBI is not recommended in the presence of azotemia or in any clinical situation that predisposes to sustained hypotension that could lead to lactic acidosis. To differentiate lactic acidosis from ketoacidosis, it is recommended that periodic determinations of ketones

in the blood and urine be made in diabetics previously stabilized on DBI, or DBI and insulin, who have become unstable. If electrolyte imbalance is suspected, periodic determinations should also be made of electrolytes, pH and the lactate-pyruvate ratio. DBI should be withdrawn and insulin, when required, and other corrective measures instituted immediately upon the appearance of any metabolic acidosis. **Hypoglycemia:** Although hypoglycemic reactions are rare when DBI is used alone, every precaution should be observed during the dosage adjustment period particularly when insulin or a sulfonylurea has been given in combination with DBI. **Adverse Reactions:** Principally gastrointestinal, occurring more often at higher dosage levels; unpleasant metallic taste, continuing to anorexia, nausea and, less frequently, vomiting and diarrhea. Reduce dosage at first sign of these symptoms. In case of vomiting, DBI should be immediately withdrawn. Although rare, urticaria and gastrointestinal symptoms following excessive alcohol intake have been reported. **Dosage:** 1 to 3 DBI-TD 50 mg. capsules daily. **FSN 6505-724-6331.** **Also Available:** DBI tablets 25 mg. **Supplied:** Bottles of 100 and 1000.

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For insomnia... one capsule for the rest of the night



Before prescribing, please consult complete product information, a summary of which follows:

INDICATION: Relief of insomnia of varied etiology.

CONTRAINDICATIONS: Patients with known hypersensitivity to the drug.

WARNINGS: Caution patients about combined effects with alcohol and other CNS depressants. Caution against hazardous occupations requiring complete mental alertness, such as operating machinery or driving a motor vehicle shortly after ingesting the drug.

Physical and Psychological Dependence: Physical and psychological dependence rarely reported. If withdrawal symptoms do occur they may resemble those associated with

withdrawal of barbiturates and should be treated in the same fashion. Use caution in administering to individuals known to be addiction-prone or those whose history suggests they may increase the dosage on their own initiative. Repeat prescriptions should be under adequate medical supervision.

Usage in Pregnancy: Weigh potential benefits in pregnancy, during lactation, or in women of childbearing age against possible hazards to mother and child.

PRECAUTIONS: If sleeplessness is pain-related, an analgesic should also be prescribed. Perform periodic blood counts if used repeatedly or over prolonged periods. Total daily intake should not exceed 400 mg, as greater amounts do not significantly in-

crease hypnotic benefits.

ADVERSE REACTIONS: At recommended dosages, there have been rare occurrences of morning drowsiness, dizziness, mild to moderate gastric upset (including diarrhea, esophagitis, nausea and vomiting), headache, paradoxical excitation and skin rash. There have been a very few isolated reports of neutropenia and thrombocytopenia; however, the evidence does not establish that these reactions are related to the drug.

Each capsule contains 300 mg of methypylon.



ROCHE LABORATORIES
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

(Continued from page 35)

MEETINGS

101ST ANNUAL SCIENTIFIC ASSEMBLY of the California Medical Association, February 12-16, 1972. San Francisco Hilton Hotel, Mason and O'Farrell Streets, San Francisco.

PHONOCARDIOGRAPHY PULSE TRACINGS-VECTORCARDIOGRAPHY A WORKSHOP

September 27-30, 1971

This is an intensive four-day program covering in detail the field of phonocardiography and pulse tracings and vectorcardiography. Emphasis will be placed on the values and limitations of these techniques and related areas as applies to the patient's diagnostic problems. Two days will be dedicated to phonocardiography and pulse tracings and two days for vectorcardiography. The morning sessions will be devoted exclusively to individual analysis of tracings by the participants under the orientation of the local and guest faculties. This program is intended for those who wish a close and detailed exposure to the values and the limitations of these techniques.

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The American College of Cardiology
and
Institute for Cardiovascular Diseases
Good Samaritan Hospital
Phoenix, Arizona

AT:

Mountain Shadows Resort Hotel
Scottsdale, Arizona

PROGRAM DIRECTOR:

Alberto Benchimol, M.D., Director
Institute for Cardiovascular Diseases
Good Samaritan Hospital

GUEST SPEAKER:

Bernard L. Segal, M.D.
Associate Professor of Medicine
Hahnemann Medical Col. and Hospital
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FOR INFORMATION CONCERNING THE PROGRAM, WRITE:

Mr. William Nelligan
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*ETHICAL ANALGESIA (economical if prescribed
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Trocinate relaxes all smooth muscles. Its direct action (musculotropic) does not involve the autonomic nervous system and it is not mydriatic. It is metabolized by the body and eliminated in the urine as harmless degradation products. Trocinate has a remarkable history of freedom from side-effects.

When a pure direct-acting smooth muscle relaxant is indicated, Trocinate is the drug of choice.

DIARRHEA (functional) . . . *the first 400 mg. tablet usually relieves the discomfort of diarrhea so promptly that it ceases to be a bother.*

DIVERTICULITIS—MUCOUS COLITIS
. . . *the accompanying discomforts can be relieved by this direct smooth muscle relaxant.*

BLADDER SPASM . . . *relaxation is immediate. One or two tablets condition the bladder for cystoscopy in one hour.*

SPASTIC URETER . . . *the specific relaxing effect of Trocinate on the spastic ureter has been proven by animal studies and affirmed clinically. (J. Urol. 73:487-93)*

PRESCRIBING INFORMATION

WARNING: Do not give in advanced kidney or liver disease.

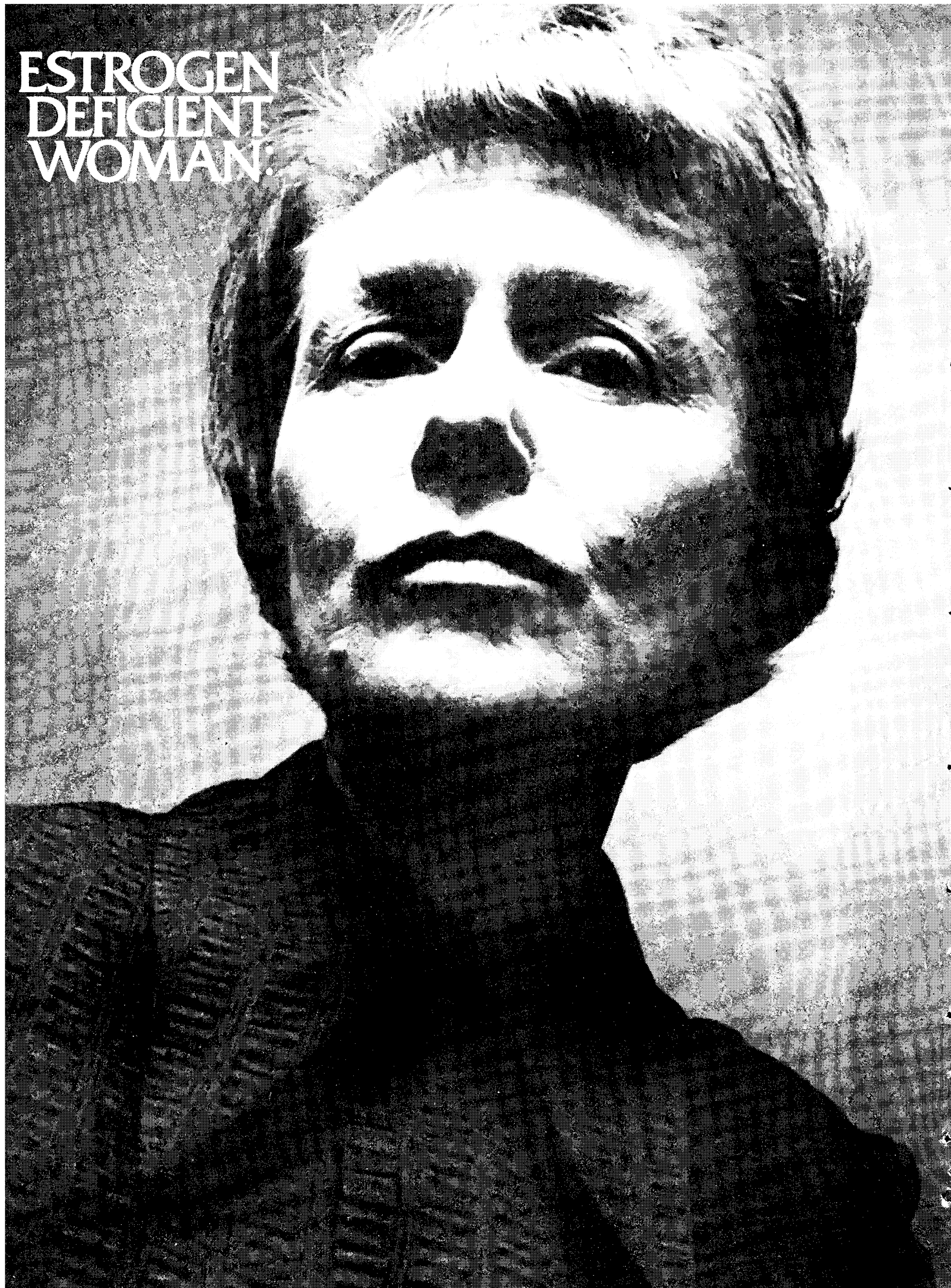
PRECAUTIONS: Trocinate relaxes all smooth muscles. Large dosage or prolonged usage may cause feeling of weakness or can theoretically precipitate gall-bladder colic, due to relaxing the vascular and duct systems. Caution should be observed in patients with urinary bladder obstruction. DOSAGE: 400 mg. May be repeated in 4 hours. After relief, lengthen the dose frequency. (see side note)

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You see her from 45 to 55 with

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night sweats

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TREAT HER WITH PREMARIN (Conjugated Estrogens, U.S.P.). PREMARIN offers specific, effective replacement therapy for relief of menopausal symptoms—both physical and emotional—due to estrogen deficiency. It usually provides a "sense of well-being"... helps many patients maintain a more positive outlook.

KEEP HER ON PREMARIN (Conjugated Estrogens, U.S.P.). Continued use of PREMARIN after menopausal symptoms have abated can help protect against further degenerative changes related to estrogen deficiency—changes that often begin in the reproductive organs and extend rapidly to body tissues and skeleton.

REPLACEMENT THERAPY AT ANY STAGE. The estrogen deficient woman can benefit from long term replacement therapy with PREMARIN at any stage—whether she is 45 and suffering symptoms of the menopause... a grandmother of 60 with atrophic vaginal tissue... or an even more elderly patient with osteoporosis. PREMARIN therapy is remarkably well tolerated, and relatively inexpensive.

BRIEF SUMMARY

PREMARIN® (Conjugated Estrogens, U.S.P.).

Indication: PREMARIN is specific for replacement therapy of the estrogen deficiency state characteristic of the menopause and the postmenopause.

Caution: *In the female:* To avoid continuous stimulation of breast and uterus, cyclic therapy is recommended (3 week regimen with 1 week rest period—

Withdrawal bleeding may occur during this 1 week rest period).

In the male: Continuous therapy over prolonged periods of time may produce gynecomastia, loss of libido, and testicular atrophy.

Suggested Usual Dosage: Menopausal and postmenopausal estrogen deficiency—PREMARIN: 1.25 mg. to 3.75 mg. daily, depending on severity of symptoms. Dosage should be tailored to individual needs of patient. Cyclic administration is recommended (3 weeks of daily estrogen therapy and 1 week off).

If patient has not menstruated within last two months or more, cyclic administration is started arbitrarily. If patient is menstruating, cyclic administration is started on day 5 of bleeding.

Note: If breakthrough bleeding occurs (bleeding or spotting during estrogen therapy), increase estrogen dosage as needed to stop bleeding. Continue this individualized dosage in subsequent cyclic regimen. *Failure to control bleeding or unexpected recurrence is an indication for curettage.*

Atrophic vaginitis, pruritus vulvae: Cyclically, 1.25 mg. to 3.75 mg. or more is given, depending on tissue response of individual patient.

Available in 4 potencies: Tablets—No. 865—2.5 mg. (purple); No. 866—1.25 mg. (yellow); No. 867—0.625 mg. (red); and No. 868—0.3 mg. (green). In bottles of 100 and 1,000.

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Strike...**

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Relaxes skeletal muscle spasm and tension. No generalized muscle weakness. Relieves associated pain and rigidity. Restores mobility. Returns patient to normal activities. Convenient, economical.
1 tablet (100 mg.) b.i.d. dosage.

Contraindications: Contraindications for Norflex are generally related to the anticholinergic action of orphenadrine. Norflex should not be used in patients with glaucoma, pyloric or duodenal obstruction, stenosing peptic ulcers, prostatic hypertrophy or obstruction at the bladder neck, cardiospasm (megaeosophagus) and myasthenia gravis. It should be used with caution in patients with tachycardia.

Since mental confusion, anxiety and tremors have been reported in patients receiving orphenadrine and propoxyphene concurrently, it is recommended that Norflex not be given in combination with propoxyphene (Darvon®).

Norflex is contraindicated in patients who have demonstrated a previous hypersensitivity to the drug.

Warnings: Some patients may experience transient episodes of lightheadedness, dizziness or syncope.

Norflex may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or driving a motor vehicle; ambulatory patients should therefore be cautioned accordingly.

Use in Pregnancy: Safe use of Norflex has not been established with respect to adverse effects upon fetal development. Therefore, Norflex should be used in women of childbearing potential and particularly during early pregnancy only when in the judgment of the physician the potential benefits outweigh the possible hazards.

Safety and effectiveness in children have not been established; therefore, this drug is not recommended for use in the pediatric age group.

Precautions: Norflex should be used with caution in patients with cardiac decompensation, coronary insufficiency, cardiac arrhythmias, and tachycardia.

Safety of continuous long term therapy with Norflex has not been established.

Therefore, if Norflex is prescribed for prolonged use, periodic monitoring of blood, urine, and liver function values is recommended.

Adverse Reactions: Side effects of Norflex are mainly due to the mild anticholinergic action of orphenadrine, and are usually associated with higher dosage. Dryness of the mouth is the first side effect to appear. When the daily dose is increased, possible side actions include: tachycardia, palpitation, urinary hesitancy or retention, blurred vision, dilatation of pupils, increased ocular tension, weakness, nausea, vomiting, headache, dizziness, constipation, drowsiness, hypersensitivity reactions, pruritus, hallucinations, agitation, tremor, gastric irritation, and rarely urticaria and other dermatoses. Infrequently, an elderly patient may experience some degree of mental confusion. These adverse reactions can usually be eliminated by reduction in dosage. Very rare cases of aplastic anemia associated with the use of Norflex tablets have been reported. No causal relationship has been established.

Dosage and Administration: Two tablets per day for adults: one in the morning and one in the evening. Norflex-Injectable: Average adult dose: 1 ampul—2 ml. (60 mg.). Intravenously and intramuscularly—May be repeated every 12 hours. Relief may be maintained by 1 Norflex Tablet twice daily.

How Supplied: Bottles of 50 and 500 tablets, each tablet containing 100 mg. of orphenadrine citrate. Norflex-Injectable: Boxes of 6 and 50 ampuls, each ampul contains 2 ml. of an aqueous solution of orphenadrine citrate, 30 mg. per ml., made isotonic with sodium chloride.

For full information, see Package Insert or P.D.R.

Riker Laboratories, Inc.

NORTHRIIDGE, CALIFORNIA 91324

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"The year-round ear"



Otitis externa doesn't stop being a threat just because the swimming season is over. All year round, the external ear canal is exposed to infection and reinfection.

But whatever the predisposing cause of the external ear canal infection — at whatever time of the year — Coly-Mycin S Otic is equipped to treat infections due to sensitive organisms. Its comprehensive formula contains colistin and neomycin to destroy sensitive causative pathogens — gram-positive or gram-negative. Hydrocortisone to relieve itching and inflammation. And thonzonium bromide to help the active agents penetrate to the site of infection. So symptoms are alleviated promptly — usually within 24 hours.

Any day of the year.

COLY-MYCIN® S OTIC with Neomycin and Hydrocortisone

(colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension)

Each ml contains: Colistin base activity, 3 mg (as the sulfate); Neomycin base activity, 3.3 mg (as the sulfate); Hydrocortisone acetate, 10 mg (1%); Thonzonium bromide, 0.5 mg (0.05%). Polysorbate 80, acetic acid, and sodium acetate in a buffered aqueous vehicle. Thimerosal, 0.002%, added as a preservative.

Indications: Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension) is indicated in the treatment of acute and chronic external otitis due to or complicated by bacterial and/or fungal infections caused by susceptible organisms. It is also indicated for the prophylaxis of "swimmer's ear."

Contraindication: A history of sensitivity to any of the components or in tubercular, fungal and most viral lesions, especially herpes simplex, vaccinia and varicella.

Precautions: If sensitivity or irritation occurs, medication should be discontinued promptly. Overgrowth of resistant organisms is possible. Use with care in cases with perforated eardrum or in long-standing otitis media because of the possibility of ototoxicity caused by neomycin.

There are articles in the current medical literature that indicate an increase in the prevalence of persons sensitive to neomycin.

Adverse Reactions: A low incidence of mild burn-

ing or painful sensation in the ear has been reported. Such local effects do not usually require discontinuance of medication. Sensitivity reactions were reported in a few instances.

Administration and Dosage: After the ear has been completely cleansed and dried, Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension) should be instilled (a sterile dropper is provided) into the canal, or applied to the surface of the affected ear. Shake the suspension well before using.

The recommended therapeutic dosage of Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension) is four (4) drops, 3 times a day; prophylactically, four (4) drops before and after swimming. Until acute pain has subsided, it may be preferable or necessary in some patients to pack the ear with a cotton wick saturated with Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension). The wick should be kept wet at all times.

The patient should be instructed to avoid contaminating the dropper, especially with the fingers. Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic sus-

pension) is stable for eighteen (18) months at room temperature; however, prolonged exposure to higher temperatures should be avoided.

Supplied: Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension) is available in bottles containing 5 ml or 10 ml. Each ml contains 3 mg of colistin base activity (as the sulfate), 3.3 mg of neomycin base activity (as the sulfate), 10 mg of hydrocortisone acetate, 0.5 mg of thonzonium bromide, polysorbate 80, acetic acid and sodium acetate. A small amount (0.02 mg/ml) of thimerosal has been added as a preservative. Each package contains a sterile dropper. Full information is available on request.

In otitis externa

Coly-Mycin® S

Otic with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension)

The "year-round" otic for the "year-round" ear

CMO-GP-11-B/W



WARNER-CHILCOTT, Morris Plains, New Jersey 07950

INDEX TO CALIFORNIA MEDICINE ADVERTISERS

Arch Laboratories <i>Dicarbosil</i>39	Presto Foods Inc. <i>Mocha Mix</i>12
Ayerst Laboratories <i>Premarin</i>42, 43	Ritter Stationers Division <i>PolyScript</i>35
Books Received44	Riker Laboratories <i>Norflex</i>47
Burroughs Wellcome & Co. <i>Neosporin</i> 7	Robins, A. H., Company <i>Robinul Forte</i>8, 9
Campbell Soup Co. <i>Asparagus</i>25	Roché Laboratories <i>Efudex</i> Inside Front Cover, 1 <i>Librax</i>32, 33 <i>Librium</i> Back Cover <i>Noludar</i>39 <i>Rocom</i>26, 27
Ciba Pharmaceutical Company <i>Doriden</i>10, 11	Searle, G. D., & Company <i>Flagyl</i> Inside Back Cover, 50
Classified23, 34, 35, 39	Smith, Kline & French <i>Thorazine</i>21
Compton Foundation Hospital34	Stacey's <i>Medical and Technical Books</i>44
Eaton Laboratories <i>Furacin Otic</i> 4	Stuart Pharmaceuticals Division of Atlas Chemical Industries, Inc. <i>Kinesed</i>28, 29
Howard Tours <i>AACMA Orient Tour</i>35	USV Pharmaceutical Corp. <i>DBI-TD</i>36, 37
Lilly, Eli, & Company <i>Cordran Tape</i>24	Warner-Chilcott Laboratories <i>Coly Mycins Otic</i>48 <i>Peritrate</i>22, 23
Mead Johnson Laboratories <i>Vasodilan</i>30, 31	Woodside Acres Hospital34
National Drug Company <i>AVC/Orenzyme</i> Insert, 45-46 <i>Tepanil/Quinamm</i> Insert, 5-6	
Pfizer Laboratories Division Pfizer Inc. <i>Sinequan</i> 3	
Poythress, William P., & Co., The <i>Synirin</i>40 <i>Trocinate</i>41	



**You can't
treat one
without
the other**

A triumph over trichomoniasis

The male urogenital tract is by far the main source of reinfection in trichomonal vaginitis.

It follows that neglecting to treat infected male partners of women with trichomonal vaginitis invites therapeutic failure.

Just as Flagyl is the best agent available for eradicating trichomonal infection from extravaginal sites in women, it is the only agent capable of eradicating demonstrated trichomonal infection in men.

Because of published reports of consistently high cure rates—often up to 100 percent—and a relatively low incidence of side effects, Flagyl has become the agent of choice for trichomonal vaginitis.

Indications: For the treatment of trichomoniasis in both male and female patients and the sexual partners of patients with a recurrence of the infection provided trichomonads have been demonstrated by wet smear or culture.

Contraindications: Evidence of or a history of blood dyscrasia, active organic disease of the central nervous system and the first trimester of pregnancy.

Warnings: Use with discretion during the second and third trimesters of pregnancy and restrict to patients not cured by topical measures. Flagyl (metronidazole) is secreted in the breast milk of nursing mothers. It is not known whether this can be injurious to the newborn.

Precautions: Mild leukopenia has been reported during Flagyl use; total and differential leukocyte counts are recommended before and after treatment with the drug, especially if a second course is necessary. Avoid alcoholic beverages during Flagyl therapy because abdominal cramps, vomiting and flushing may occur. Discontinue Flagyl promptly if abnormal neurologic signs occur. There is no accepted proof that Flagyl is effective against other organisms and it should not be used in the treatment of other conditions. Exacerbation of moniliasis may occur.

Adverse Reactions: Nausea, headache, anorexia, vomiting, diarrhea, epigastric distress, abdominal cramping, constipation, a metallic, sharp and unpleasant taste, furry or sore tongue, glossitis and stomatitis possibly associated with a sudden overgrowth of

Monilia, exacerbation of vaginal moniliasis, an occasional reversible moderate leukopenia, dizziness, vertigo, drowsiness, incoordination and ataxia, numbness or paresthesia of an extremity, fleeting joint pains, confusion, irritability, depression, insomnia, mild erythematous eruptions, "weakness," urticaria, flushing, dryness of the mouth, vagina or vulva, vaginal burning, pruritus, dysuria, cystitis, a sense of pelvic pressure, dyspareunia, fever, polyuria, incontinence, decrease of libido, nasal congestion, proctitis, pyuria and darkened urine have occurred in patients receiving the drug. Patients receiving Flagyl may experience abdominal distress, nausea, vomiting or headache if alcoholic beverages are consumed. The taste of alcoholic beverages may also be modified.

Dosage and Administration: *In the Female.* One 250-mg. tablet orally three times daily for ten days. Courses may be repeated if required in especially stubborn cases; in such patients an interval of four to six weeks between courses and total and differential leukocyte counts before, during and after treatment are recommended. Vaginal inserts of 500 mg. are available for use, particularly in stubborn cases. *When the vaginal inserts are used* one 500-mg. insert is placed high in the vaginal vault each day for ten days and the oral dosage is reduced to two 250-mg. tablets daily during the ten-day course of treatment. Do not use the vaginal inserts as the sole form of therapy. *In the Male.* Prescribe Flagyl only when trichomonads are demonstrated in the urogenital tract, one 250-mg. tablet two times daily for ten days. Flagyl should be taken by both partners over the same ten-day period when it is prescribed for the male in conjunction with the treatment of his female partner.

Dosage Forms: Oral tablets 250 mg.
Vaginal inserts 500 mg.

References available on request.

Flagyl®
metronidazole

care for the pair
in trichomoniasis

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Research in the Service of Medicine

The overeater fugitive from anxiety

Excessive eating is just one of many temporary escape routes taken by those in flight from anxiety. A true resolution of their underlying emotional problems, however, will require your guidance and reassurance. If their anxiety is excessive, the calming action of Librium (chlordiazepoxide HCl) can help alleviate it.

Librium is used alone or concomitantly with certain primary drugs for some medical conditions associated with undue anxiety. It has demonstrated a dependable antianxiety action in many clinical areas. For oral administration, Librium is supplied in dosage strengths of 5, 10 and 25 mg to control mild to severe anxiety.

whenever mild to severe anxiety
is a contributory factor

Librium® 5 or 10 mg

(chlordiazepoxide HCl)
1 or 2 capsules
t.i.d./q.i.d.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Indicated when anxiety, tension and apprehension are significant components of the clinical profile.

Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances, syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

Supplied: Capsules containing 5 mg, 10 mg or 25 mg chlordiazepoxide HCl.

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